

Case Number:	CM15-0059749		
Date Assigned:	04/06/2015	Date of Injury:	07/29/2009
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial injury to the left knee, neck and back on 7/29/09. Previous treatment included magnetic resonance imaging, lumbar decompression and fusion, cervical disc replacement, acupuncture, Supartz injections, occipital nerve block, trigger point injections and medications. In June 2014, the injured worker suffered a fall, resulting in a L2-3 compression fracture. In a PR-2 dated 1/26/15, the injured worker complained of ongoing back pain rate 5-7/10 on the visual analog scale with a burning sensation in the left toes and cramping in bilateral calves. Physical exam was remarkable for tenderness to palpation to the lumbar spine, the iliac spine region and the cervical spine paraspinal musculature, with positive right Spurling's sign, positive right straight leg raise and 5/5 strength to bilateral upper and lower extremities. Current diagnoses included status post L4-S1 posterior spinal fusion, C5-6 total disk replacement, L2-3 compression fracture, worsening neck and back pain and worsening right foot radiculopathy. The treatment plan included following up with his surgeon for treatment of the cervical spine and follow-up in one year.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CBC with diff, BMP, Prothrombin with INR and PTT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-182, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-72.

Decision rationale: The injured worker sustained a work related injury on 7/29/09. The medical records provided indicate the diagnosis of status post L4-S1 posterior spinal fusion, C5-6 total disk replacement, L2-3 compression fracture, worsening neck and back pain and worsening right foot radiculopathy. Treatments have included lumbar decompression and fusion, cervical disc replacement, acupuncture, Supartz injections, occipital nerve block, trigger point injections and medications. The medical records provided for review do not indicate a medical necessity for CBC with diff, BMP, Prothrombin with INR and PTT. The records reviewed indicate these tests are due to cervical disc disorder with radiculopathy. The MTUS does not recommend such tests in the management of cervical (neck) disorder. Although they could be done as part of the preoperative clearance (evaluation before surgery), there is no indication the injured worker was about to have surgery. Also, CBC and BMP, but not INR and PTT are recommended in for individual on NSAIDs for a long term, but the records do not indicate the injured worker is on treatment with NSAIDs. Therefore the request is not medically necessary.