

Case Number:	CM15-0059874		
Date Assigned:	04/06/2015	Date of Injury:	06/05/2013
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
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, New York, California
 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 5, 2013. In a Utilization Review report dated March 18, 2015, the claims administrator approved a lumbar epidural steroid injection while denying laboratory testing to include a CBC. The claims administrator seemingly referenced a March 12, 2015 progress note in its determination but did not summarize the same. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant reported ongoing complaints of low back, neck, hand, finger, ankle, foot, and toe pain, 8/10. The applicant was using Flexeril and Norco for pain relief. Norco was renewed. The applicant was asked to consult a psychiatrist for derivative psychiatric issues. The applicant was placed off of work, on total temporary disability. Chiropractic manipulative therapy was endorsed. On March 9, 2015, the applicant was asked to pursue a lumbar epidural steroid injection. Norco and Flexeril were renewed. The applicant was given a rather proscriptive 10-pound lifting limitation. The applicant did not appear to be working with said limitation in place, however. The applicant was reportedly allergic to NSAIDs such as Motrin and Naprosyn, it was stated in another section of the note. There was no mention made of the need for laboratory testing on this date. In a progress note dated April 6, 2015, it was explicitly acknowledged that the applicant was not working. Multiple progress notes interspersed throughout early 2015 acknowledged that the applicant was not, in fact, working. The epidural steroid injection and CBC were endorsed via an order form of March 9, 2015 and an RFA form of March 12, 2015. No rationale accompanied the request. It was not stated for what purpose the CBC was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: CBC (Complete Blood Count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm><http://www.cigna.com/healthinfo/hw4260.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: No, the proposed CBC was not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routinely suggested laboratory monitoring of applicants using NSAIDs includes periodic assessment of an applicant's CBC, in this case, however, the applicant was not, in fact, using NSAIDs. Several progress notes suggested that the applicant had developed an allergy to various NSAIDs, including Motrin and Naprosyn. The March 9, 2015 order form and March 12, 2015 RFA form did not clearly state for what purpose CBC testing was proposed. While CBC testing could have been supported, the attending provider stated that he was proposing the same to ensure that the applicant's current levels of renal and hepatic function were consistent with currently prescribed medications, in this case, however, no rationale for the test at issue accompanied the RFA form. Therefore, the request was not medically necessary.