

Case Number:	CM15-0083711		
Date Assigned:	05/06/2015	Date of Injury:	09/03/1998
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 56 year old male, who sustained an industrial injury on September 3, 1998. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar post-laminectomy syndrome. Diagnostic studies to date have included urine drug screening. Treatment to date has included medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On March 27, 2015, the injured worker complains of constant, severe low back pain radiating to the left leg and foot with numbness and tingling of the left leg. The pain was decreased by 50-60% with the use of pain medication. The physical exam revealed intact motor and sensory, a normal gait, and restricted low back range of motion. The treatment plan includes a complete blood count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; History & Physical Examination Page(s): 1, 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines, CBC (complete blood count) is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnosis is post-laminectomy syndrome lumbar region. The medical record contains 15 pages. The date of injury is September 3, 1998. The most recent progress note in the medical record is March 27, 2015. The documentation does not contain a clinical indication or rationale for complete blood count. Subjectively, the injured worker was seen for routine follow-up with persistent pain in the low back radiating to the left leg and foot. Objectively, the injured worker had restricted range of motion in the low back with an otherwise normal examination. Consequently, absent clinical documentation with a clinical indication and rationale for a complete blood count, CBC (complete blood count) is not medically necessary.