

<b>Case Number:</b>	CM15-0084832		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old male with an industrial injury dated 1/04/2010. The injured worker's diagnoses include chronic lumbar back pain with multilevel disc desiccation and disc bulging with evidence of central canal and foraminal stenosis, chronic thoracic pain with multilevel mid thoracic vertebral body Schmorl node complexes and multilevel costovertebral joint degenerative changes, and chronic cervical pain, chronic bilateral lower extremities radicular symptoms, chronic depression and anxiety, chronic bilateral shoulder pain, and bilateral foot and ankle pain. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar, thoracic and cervical spine, prescribed medications, and periodic follow up visits. In a progress note dated 3/09/2015, the injured worker reported increased pain in his neck, feet, bilateral shoulders and upper/lower back pain. Objective findings revealed decrease range of motion, paracervical tenderness, parathoracic tenderness, and paralumbar tenderness. Cervical, thoracic and lumbar spasms were also noted on examination. The treating physician prescribed services for one serological study now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Serological study:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 06/07/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. A metabolic panel is a group of laboratory blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and/or liver function. The submitted and reviewed documentation indicated the worker was experiencing leg weakness; problems with balance; and pain in the neck and upper back, feet, and shoulders. The worker was taking medications that require occasional monitoring to maintain safety. However, the request did not specify the type of serologic study needed, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an unspecified serologic study is not medically necessary.