

<b>Case Number:</b>	CM14-0122750		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 year old male who was injured on 5/5/2010. The mechanism of injury is unknown. His medication history included cyclobenzaprine, Ambien, Norco and Celebrex. He has been treated conservatively treatment history included physical therapy and TENS unit. Progress report dated 6/9/2014 indicates the patient presented with complaints of low back pain. Objective findings during examination revealed paraspinal tenderness noted bilaterally. His range of motion is reduced by 50%. The sacroiliac joints are nontender and trigger points are noted at L4, L5, bilaterally. Motor examination as well as sensory examination was within normal limit. He had abnormal deep tendon reflexes. Straight leg raise test is positive. Patrick test and sacroiliac joint test is within normal limit. The patient was diagnosed with chronic lumbar strain and herniated nucleus pulposus at L4- L5 and L5-S1. Prior utilization review dated July 2, 2014 indicated the requests for decision for Chem 18 and CBC with differential and request for full x-ray of the lumbar spine including bending views were denied as there is no documentation to support the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chem 18 and CBC with DIFF:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

[http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=1014&labCode=QDV&labName=CO%20-%20Denver%20695%20S%20Broadway%20\(866\)697-8378%20\(QDV\)](http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=1014&labCode=QDV&labName=CO%20-%20Denver%20695%20S%20Broadway%20(866)697-8378%20(QDV))

**Decision rationale:** The guidelines recommend CBC and Chem 18 when evaluating for specific diseases such as anemia, infection, kidney disease, electrolyte abnormality, etc... The documents contained minimal clinical information. There was no discussion as to why labs were being ordered at this time. There was no data to support evaluation for any specific disease. It is unclear when the patient had previous laboratory tests and if there were any abnormalities at that time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Full X-ray of the lumbar spine including bending views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Radiography

**Decision rationale:** The guidelines recommend lumbar x-rays when evaluating for acute back pain especially in the setting of trauma or when other concerning signs/symptoms are present. The patient has chronic back pain and it is unclear why x-rays are needed at this time. It is unclear how x-rays would alter management at this time and what specific disease process is being evaluated. The patient has had MRIs and neurosurgery evaluation in the past and did not wish to undergo surgery at that time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.