

Case Number:	CM14-0141188		
Date Assigned:	09/10/2014	Date of Injury:	01/18/2010
Decision Date:	10/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is 57-year-old male who reported an injury on 01/18/2010. The mechanism of injury was not stated. The current diagnoses include ASHD of native arteries, hypertension, and paroxysmal tachycardia. The injured worker was evaluated on 06/25/2014. It is noted that the injured worker denied chest pain and episodes of shortness of breath, syncope, and palpitations. Vital signs obtained in the office indicated a blood pressure of 110/70. Treatment recommendations on that date included multiple laboratory studies. A Request for Authorization form was then submitted on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multiple lab tests (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson and Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed. Chapter 8- Interpreting Laboratory Results

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70..

Decision rationale: The California MTUS Guidelines recommend the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Routine blood pressure monitoring is also recommended. The specific types of laboratory tests were not specified in the request. Therefore, the current request cannot be determined as medically appropriate at this time.