

Case Number:	CM14-0141340		
Date Assigned:	09/10/2014	Date of Injury:	01/21/2004
Decision Date:	10/14/2014	UR Denial Date:	08/09/2014
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 63-year-old male who reported injury on 01/21/2004. The mechanism of injury was cumulative trauma. The surgical history included a kyphoplasty at T12. Prior therapies included physiotherapy, chiropractic care, and acupuncture. The injured worker's medications were noted to include naproxen 550 mg 1 by mouth twice a day, omeprazole 20 mg daily, Flector patches 1 daily, Flexeril 10 mg twice a day as needed, and tramadol 50 mg. The injured worker underwent an MRI of the lumbar spine and x-rays. Additional treatment included massage and braces. The documentation of 07/14/2014 revealed the injured worker had complaints of low back pain. The injured worker had radiation of pain down to the quadriceps and into the sacroiliac joints. The injured worker indicated he had a history of diabetes and atherosclerosis. The physical examination revealed tenderness to palpation over L1-2 and complaints of discomfort over the SI joints upon percussion. The injured worker had decreased range of motion due to discomfort. The injured worker had a positive bilateral sitting straight leg raise. The diagnoses included thoracic lumbar sprain/strain with no evidence of radiculopathy, status post kyphoplasty of T12, impingement syndrome of the right shoulder, cervical spine sprain/strain with no evidence of radiculopathy, and a positive Tinel's over the right cubital tunnel rule out tardy ulnar nerve palsy. The treatment plan included laboratory studies and point of care urine drug screen. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 quarterly labs: chem 8, hepatic function panel, CPK, CRP, arthritis panel and CBC:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) does not address routine labs Other Medical Treatment Guideline or Medical Evidence:
<http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests

Decision rationale: The California MTUS Guidelines indicate that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. But the interval of repeating lab tests after this treatment duration has not been established. There was a lack of documented rationale for the requested test. There was a lack of documentation indicating the injured worker had abnormal values previously to support a necessity for retesting. Per NLM.NIH.gov, "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often done as part of a routine check up to look for changes in your health." The clinical documentation submitted for review failed to provide prior laboratory studies and failed to provide a documented rationale for the requested studies. There was a lack of documented necessity for repeat studies. Given the above, the request for 1 quarterly labs Chem 8, hepatic function panel, CPK, CRP, arthritis panel and CBC is not medically necessary.