

Case Number:	CM14-0091970		
Date Assigned:	07/25/2014	Date of Injury:	09/02/2012
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 31-year-old male who reported an injury on 09/02/2012. The mechanism of injury was not provided within the review. His diagnoses were noted to be lower back pain, lumbosacral or thoracic neuritis or radiculitis, lumbar facet syndrome, left sided radiculopathy, and myofascial pain. Prior treatments were noted to be medications, transcutaneous electrical nerve stimulation unit, acupuncture, and home exercise program. The injured worker had an evaluation noted on a Primary Treating Physician's Progress Report dated 06/02/2014. Subjective complaints were noted to be low back pain that radiated to the lower extremities with numbness and tingling. Pain was well controlled at this point. Objective findings revealed back flexion and extension at 50% to 60%. Strength was 5/5. Sensation was intact. There was complaint of tightness in the back with straight leg raise. Tenderness was noted over the left lower facet joints. The treatment plan included refilling medications. The provider's rationale for the request and the Request for Authorization form were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Piccolo blood draw- comprehensive metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Medical Evidence: Piccoloxpress.com.

Decision rationale: The request for Piccolo blood draw - comprehensive metabolic panel is not medically necessary. The Piccolo Xpress Chemistry Analyzer is the only portable diagnostic device to offer a full complement of CLIA Waived blood chemistry test at the point of care. With the Piccolo's 12-minute test time, healthcare providers can diagnose and treat within the span of a single office visit, thereby increasing the efficiency of care, reducing costs, improving patient management and boosting revenues. The Piccolo menu features 31 blood chemistry tests that range from liver, kidney and metabolic functions to lipids, electrolytes and other specialty analysts. These 31 tests are conveniently configured into 16 completely self-contained reagent discs, 11 of which are CLIA Waived. With the documentation provided, this request is not medically necessary.