

Case Number:	CM14-0213460		
Date Assigned:	12/30/2014	Date of Injury:	02/05/2011
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male with an injury date of 02/05/11. The most recent report dated 11/06/14 is handwritten and largely illegible. The 08/14/14 report states that the patient presents with intermittent pain in the lumbar spine radiating to the lower extremity. Examination reveals: Cervical spine 45 degree flexion, 20 degree extension, 70 degree right rotation and 30 degree left rotation. The patient's diagnoses include: 1. Lumbar spine sprain/strain. 2. Lumbar and cervical spine degenerative disc disease. 3. Sciatica right. 4. Rule out hypertension. Medications listed are: Naproxen, Ultram and Norco. The patient is being treated by internal medicine for hypertension, diabetes mellitus and dyspnea. The utilization review dated 11/24/14 denied the request as there is no pertinent medical history indicating a need for laboratories. Reports were provided for review from 07/03/14 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count, Chem 8, Liver Profile: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952255>

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

Decision rationale: The patient presents with lumbar spine pain radiating to the lower extremity. The current request is for Complete Blood Count, Chem 8, Liver Profile per report dated 11/06/14. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Reports dated 08/14/14 and earlier shows that the patient is prescribed an NSAID (Naproxen) since at least 07//17/14 to 08/14/14 and has a medical history of hypertension and diabetes mellitus. There is no evidence of prior laboratory tests for this patient. In this case, the 11/06/14 report that contains this request provides no examination findings, no listed medications or subjective complaints. The treatment plan contains only this request without explanation. MTUS, page 8, requires the physician to monitor the patient's progress and make appropriate recommendations. The request IS NOT medically necessary.