

Case Number:	CM15-0100700		
Date Assigned:	06/03/2015	Date of Injury:	09/12/2009
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 65 year old male, who sustained an industrial injury on September 12, 2009. The injured worker reported right shoulder pain due to physical assault. The injured worker was diagnosed as having cervical disc disease and radiculopathy and lumbar disc disease, radiculopathy and facet syndrome. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included Norco, epidural steroid injection and magnetic resonance imaging (MRI). A progress note dated April 20, 2015 provides the injured worker complains of neck and shoulder pain. He reports 60% improvement after cervical epidural injection. Physical exam notes cervical paraspinal tenderness with mild spasm and shoulder tenderness. There is a request for lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory tests; Glomerular filtration rate, blood, urea, nitrogen and creatinine levels:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Specific Drug List & Adverse Effects Page(s): 71.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Laboratory studies can help to accurately determine differential diagnoses. In this case, there is no specific documentation provided indicating medical necessity for the specific laboratory studies to be obtained and the relationship of the laboratory studies to the present plan of care. Medical necessity for the requested laboratory tests has not been established. The requested laboratory studies are not medically necessary.