

<b>Case Number:</b>	CM15-0114681		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old man sustained an industrial injury on 2/18/2014. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI. Diagnoses include lumbar spine degenerative disc disease, low back pain, lumbar facet syndrome, healed right foot fracture, and thoracic pain. Treatment has included oral and topical medications, physical therapy, chiropractic care, and use of CAM boot. Physician notes dated 3/10/2015 show complaints of low back ache with intermittent radicular symptoms to the bilateral lower extremities. The worker rates his pain 7/10 with medications and 10/10 without medications. Recommendations include genetic testing, laboratory testing, trial acupuncture, pain psychologist consultation, orthopedic spine consultation, Nucynta, stop Norco, trial of Celebrex, activity modification, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs to include PT/PTT/INR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, Laboratory Tests of the Liver and Gallbladder - <http://www.merckmanuals.com/professional/hepatic-and-biliary-disorders/testing-for-hepatic-and-biliary-disorders/laboratory-tests-of-the-liver-and-gallbladder>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date guidelines, PT/PTT/INR.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to-date guidelines states the requested laboratory studies are indicate din the evaluation of bleeding disorders or in monitoring chronic anticoagulation. The provided clinical records do not show the patient to be on chronic anticoagulation or have a suspicion or risk for bleeding disorders. Therefore the request is not medically necessary.