

Case Number:	CM15-0064821		
Date Assigned:	04/10/2015	Date of Injury:	06/05/1996
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on June 5, 1996. He reported low back pain. The injured worker was diagnosed as having lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included diagnostic studies, lumbar surgery, conservative care, medications and work restrictions. Currently, the injured worker complains of continued mid and low back pain radiating into the right buttock. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 6, 2015, revealed continued pain as noted. Diagnostic studies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 complete blood count with differential (CBC) comprehensive metabolic panel (CMP):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago and continues to be treated for mid back pain and low back pain radiating to the right buttock. When seen, he was having increasing pain. Medications being prescribed were acetaminophen, Lidoderm, and Gabapentin, Advil, and EMLA cream. Physical examination findings included normal vital signs and normal gait and mobility. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed. Therefore the requested lab testing was not medically necessary.