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| Case Number: | CM15-0069968 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 12/30/2013 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old male, who sustained an industrial injury on December 30, 2013. He has reported lower back pain and knee pain. Diagnoses have included left knee meniscus tear, lumbar spine degenerative disc disease, facet arthritis, thoracic or lumbosacral neuritis or radiculitis, myofascial pain, and elevated liver function values. The record indicates that the injured worker was no longer able to take medications due to the abnormal liver function values. Treatment to date has included medications, transcutaneous electrical nerve stimulation unit, ice, bracing, and home exercise. A progress note dated March 6, 2015 indicates a chief complaint of chronic left knee pain and lower back pain radiating to the left calf and foot with associated numbness. The treating physician documented a plan of care that included blood work.

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 <http://www.labtestonline.org/>.

Decision rationale: Comprehensive Metabolic Panel is indicated in case of suspicion of electrolytes abnormalities, liver, renal or blood abnormalities. The patient file did not document any electrolytes abnormalities, liver or renal dysfunction that require blood work up. Therefore, Piccolo Blood Draw - Comprehensive Metabolic Panel is not medically necessary.