

Case Number:	CM15-0070300		
Date Assigned:	04/20/2015	Date of Injury:	05/24/2013
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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: California

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 39 year old female, who sustained an industrial injury on 5/24/13. She reported left shoulder injury. The injured worker was diagnosed as having cervicalgia, headache, temporomandibular joint disorder, myofascial pain, post traumatic headache, chronic pain syndrome, neuralgia radiculitis and cervical radiculopathy/radiculitis. Treatment to date has included oral medications, physical therapy, trigger point injections, TENS unit and home exercise program. Currently, the injured worker complains of headache, neck and shoulder pain with numbness and tingling radiating down her arms and fingers. The injured worker noted 50% decrease in headache pain with combination of acupuncture and physical therapy. Physical exam noted tenderness to palpation with trigger points and palpable bands in bilateral cervical, tenderness to palpation over bilateral temporomandibular joint incisor opening and mild tenderness to palpation over bilateral greater occipital nerves with pain shooting up to occipital and parietal region. The treatment plan included 12 acupuncture visits, 6 chiropractic therapy sessions and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab, CBC and CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. The progress report dated 4/15/15 documented current medications were Ibuprofen 600 mg, Celebrex, Flexeril, Vicodin, and Gabapentin. Medical history includes a history of heart murmur and anemia. Medical records document the prescription of the NSAIDs. MTUS recommends lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Therefore, the request for a laboratory tests is supported by MTUS guidelines. Therefore, the request for Labs CBC and CMP is medically necessary.