

Case Number:	CM15-0072253		
Date Assigned:	04/22/2015	Date of Injury:	05/08/2005
Decision Date:	05/22/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/15/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 58 year old male who sustained an industrial injury on 05/08/2005. He reported low back pain. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included opioid pain medications. Currently, the injured worker complains of chronic low back pain spasm, stiffness, and tightness. The IW states he takes medication to be functional. His plan of care includes treatment of his hypertension, and a referral to a physiatrist plus a refill of his medications. Authorization for blood work plus a ten panel urine screen for narcotic medication usage is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count and Basic Metabolic Panel: Upheld

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 periodic lab monitoring Page(s): 70.

Decision rationale: The patient presents with low back pain. The request is for COMPLETE BLOOD COUNT AND BASIC METABOLIC PANEL. The request for authorization is dated 03/05/15. The patient is status post lumbar fusion, date unspecified. Physical examination of the lumbar spine reveals tenderness across the lumbar paraspinal muscles. Range of motion is decreased. He walks with use of a cane. He takes medication to be functional. Patient's medications include Norco, Naproxen, Gabapentin, Nalfon and Protonix. Per progress report dated 03/05/15, the patient is retired. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater does not discuss the request. The patient is currently taking Naproxen and Nalfon, both NSAIDs. MTUS supports the monitoring of CBC when patient is taking NSAIDs. Additionally, BMPs can be useful in examining a patient's overall hepatic and renal function. However, review of medical records shows CBC and CMP being requested and authorized prior to this request for authorization. Per UR letter dated 03/13/15, reviewer states, "Records indicated a CBC and comprehensive metabolic panel had been approved less than two weeks ago." But treater does not provide any documentation, discussion or explanation why a repeat CBC and BMP is needed so soon. Therefore, the request IS NOT medically necessary.