

Case Number:	CM15-0075686		
Date Assigned:	04/27/2015	Date of Injury:	01/26/2005
Decision Date:	05/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/21/2015

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 40 year old male injured worker suffered an industrial injury on 01/26/2005. The diagnoses included left shoulder arthroscopy. The injured worker had been treated with medications. On 4/6/2015, the treating provider reported lumbar spine tenderness and spasms. The straight leg raise was positive on the left with lumbar range of motion that was restricted along with decreased sensation. The pain was 4/10 with medications and 8/10 without medications. The treatment plan included Additional testing on 4/9/15, supplies for home TENS unit and CBC, Liver functional panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional testing on 4/9/15, no specifics given: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

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: Blood work up is recommended in case of suspicion of electrolytes deficit, renal damage, liver damage, thyroid dysfunction, anemia or any other blood dysfunction. The provider did not specify what he is requesting. There is no rationale to the request. Therefore, the request is not medically necessary.

DME purchase - supplies for home TENS unit, 6 months supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the request for DME purchase - supplies for home TENS unit, 6 months supply is not medically necessary.

CBC, Liver functional panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." *Dermatol Clin* 25(2): 195-205, vi-ii.

Decision rationale: According to MTUS guidelines, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile." There is no clear documentation that the patient was recently taking NSAIDs or at increasing risk of bleed. CBC can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rationale behind ordering this test. Therefore, the request for CBC, Liver functional panel is not medically necessary.