

Case Number:	CM15-0078831		
Date Assigned:	04/30/2015	Date of Injury:	05/29/2008
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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 York

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 49-year-old male, who sustained an industrial/work injury on 5/29/08. He reported initial complaints of mid and low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar canal stenosis. Treatment to date has included medication, acupuncture, chiropractic sessions and physical therapy. Currently, the injured worker complains of back pain the ranges in intensity with worst being 6-7/10. Per the primary physician's progress report (PR-2) on 2/25/15, examination revealed normal gait, tenderness over the lower lumbar midline, and limited lumbar flexion and extension. The requested treatments include lab work med panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work med panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Laboratory studies.

Decision rationale: The documentation indicates the claimant underwent a lab med panel 12/22/2014 which demonstrated normal renal and hepatic function. The recommendation is to follow the CBC, liver and renal function in patients maintained on chronic NSAID therapy. There is no documentation that the claimant has any history of any abnormalities on previously obtained laboratory studies. There is no documentation of medication abuse or addiction issues to warrant regular laboratory monitoring of hepatic and renal function. There is no specific indication for the requested laboratory studies. Medical necessity for the requested item is not established. The requested item is not medically necessary.