

Case Number:	CM15-0093526		
Date Assigned:	05/19/2015	Date of Injury:	04/10/2006
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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: Family Practice

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 51 year old male, who sustained an industrial injury on April 10, 2006. The injured worker reported neck, shoulder, back, leg, and psychological complaints due to assault. The injured worker was diagnosed as having neck pain, lumbar degenerative disc disease (DDD), and low back pain, chronic pain due to trauma, facet arthropathy, failed back surgery syndrome, muscle spasm and spondylolisthesis. Treatment to date has included lumbar and right shoulder surgery, therapy, injections, spinal cord stimulator and medication. A progress note dated April 7, 2015 the injured worker complains of neck, back and leg pain. He rates his pain 9/10 without medication, 7/10 with medication and the average for the last month is 8/10. Physical exam notes an antalgic gait, lumbar surgical scars, tenderness on palpation and painful range of motion (ROM). The plan includes lab work, oral medication and injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (include diff/platelets), complete urinalysis: 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 Labtestsonline.com.

Decision rationale: This patient receives treatment for chronic pain and post-traumatic stress disorder. He was assaulted while on the job on 04/10/2006. Medical diagnoses made include neck pain, degenerative lumbar disc disease, facet arthropathy, failed back surgery syndrome, and chronic pain disorder. The patient has a spinal cord stimulator. This review addresses a request for a CBC and a urinalysis. The documentation does not make clear what the purpose of these two tests is. A CBC measures the hemoglobin and the white blood count. A urinalysis consists of a multitest dipstick and a microscopic analysis. Based on the limited documentation, these two tests are not medically necessary.