

Case Number:	CM15-0094157		
Date Assigned:	05/20/2015	Date of Injury:	01/27/2001
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, 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 38 year old female who sustained an industrial injury on 01/27/2001. Current diagnoses include myalgia and myositis, facet joint degeneration, radiculopathy thoracic or lumbosacral, sacroiliitis, and spondylosis lumbar without myelopathy. Previous treatments included medication management, trigger point injections, aqua therapy, and massage. Report dated 04/02/2015 noted that the injured worker presented with complaints that included lower back and leg pain. Pain level was 4 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings of the lumbar spine. The treatment plan included making changes to medications, she is a candidate for a spinal cord stimulator, and recommendation for a referral to a rheumatologist through her private insurance. Disputed treatments include complete blood count (CBC) (includes platelet and differential).

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (includes diff/plt): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Iron Deficiency Anemia: Evaluation and Management MATTHEW W. SHORT, LTC, MC, USA, JASON E. DOMAGALSKI, MAJ, MC, USA, Madigan Healthcare System, Tacoma, Washington Am Fam Physician. 2013 Jan 15; 87 (2): 98-104.

Decision rationale: The MTUS and ACOEM guidelines do not comment on anemia management. The claimant has a history of anemia and a CBC was last checked a month ago. The lab value was not provided. Cause for anemia is not mentioned. Symptoms related to anemia is not noted. Medications that can cause anemia are not addressed. The request for a CBC is not medically necessary.