

Case Number:	CM14-0145880		
Date Assigned:	09/12/2014	Date of Injury:	03/03/2002
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old female who reported an injury to her neck, right shoulder, and low back on 03/03/2002. The injured worker stated the initial injury occurred when she was vacuuming when the cord wrapped around her legs and she fell backwards. The qualified medical examination dated 12/11/06 indicates the injured worker having undergone physical therapy as well as epidural injections in the lumbar spine. The injured worker stated the physical therapy provided no significant benefit. The injured worker also reported ongoing cervical pain. The clinical note dated 07/21/10 indicates the injured worker undergoing a psychosocial evaluation. There is an indication the injured worker had undergone a surgical intervention in 2009. The note indicates the injured worker having undergone a laminectomy at L4-5. There is an indication the injured worker had been utilizing pain medications at that time. The agreed medical examination dated 08/09/11 indicates the injured worker utilizing Hydrocodone, Zanaflex, Hydrochlorothiazide, and Lunesta at that time. The clinical note dated 05/23/14 indicates the injured worker being recommended for hardware removal with a subsequent surgery at the L2-3 and L3-4 levels. The note indicates the injured worker having undergone a CT scan which revealed severe stenosis at L2-3. The note indicates the injured worker continuing with the use of Lunesta. Radiating pain was identified from the low back into both lower extremities. Range of motion deficits were identified throughout the lumbar spine. The utilization review dated 08/27/14 resulted in a denial for a CMP as recent lab studies had included the injured worker revealed essentially normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Test (CMP) due to chronic use of medications: 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 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for a blood test CMP due to chronic use of medications is not medically necessary. The documentation indicates the injured worker utilizing a number of pharmacological interventions to address the ongoing complaints associated with the low back injury. CMP is indicated for injured workers who have chronic use of medications and have demonstrated significant deficits associated with the use of these medications. However, the injured worker had recently undergone lab studies on 07/08/14 resulting in essentially normal findings. Given these results, additional studies are not medically necessary.