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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Nov/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Medical necessity of Appeal CBC and CMP because of chronic medication use

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 09/14/05-10/10/12
Electrodiagnostic studies 12/20/05
MRI lumbar spine 12/21/05
Procedure notes 06/21/06 and 07/28/06
Physical therapy note 04/17/06
Multiple peer reviews with addenda 07/08/07-11/15/10
MRI lumbar spine 10/23/06 and 12/05/07
Urinary drug screen reports 07/13/10 and 01/17/11
Prior reviews 10/09/12 and 11/01/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who has been followed chronic low back pain following a xxxx injury after lifting. The patient has been provided long term narcotic medications with positive opiate screen in 07/10 and 01/11. As of 10/03/12, the patient was taking Norco 7.5mg BID. The patient reported continuing chronic low back pain radiating into the right lower extremity. The patient reported tramadol was not effective in addressing pain and tramadol was discontinued at this visit. Physical examination revealed no focal neurological deficits present with a mildly positive straight leg raise to the right. Tenderness in the lumbar paraspinals was noted. The request for CBC and CMP panels was denied by utilization review on 10/09/12 as the patient had stable complaints and there were no objective findings to support suspicions for metabolic or hematology disorders requiring testing. The request was again denied by utilization review on 11/01/12 as there was no documentation of rationale identifying medical

necessity for laboratory testings and objective findings or suspicions for metabolic or hematological disorders were not identified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The request for CBC and CMP chemistry and CMP panels would not be supported as medically necessary based on the clinical documentation provided for review. There is no evidence to establish any suspicions for a metabolic or hematological disorder and there was no evidence of any current fever symptoms that would reasonably require general chemistry panels or CBC panels. The clinical documentation indicated that the patient was required to have and that the patient should have metabolic and CBC testing to support continuing medication management. However, no further rationale was provided on how CBC or general chemistry laboratory testing would support continuing medication management for the patient. Given the lack of any objective evidence regarding metabolic or hematological disorders or evidence of infection, the requested chemistry and CBC panels would not be supported as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)