MAXIMUS Federal Services

Case Number:	CM13-0034174		
Date Assigned:	12/06/2013	Date of Injury:	08/14/2009
Decision Date:	04/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 39 year old male who sustained a work related injury on 08/14/2009. The mechanism of injury was not provided. His diagnoses include chronic low back pain - s/p anterior/posterior L5-S1 fusion, failed back syndrome, thoracic spine sprain/strain, anxiety, depression, and insomnia. He complains of constant low back pain, 7/10, with radiation to the bilateral lower extremities down to the toes, associated with numbness and tingling. On exam he has weakness in the extensor hallucis longus bilaterally with a sensory deficit at L5 dermatomes bilaterally. The patellar tendon reflex was decreased. Treatment has included medical therapy, surgery, chiropractic, and aquatic therapy. The treating provider has requested a basic metabolic profile and liver function studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

BASIC METABOLIC PANEL LIVER FUNCTION TEST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Laboratory Evaluations

Decision rationale: There is documentation provided necessitating the requested laboratory studies. The documentation indicates the claimant has been maintained on multiple medications for pain control. It is reasonable to obtain a comprehensive metabolic profile to assess renal and hepatic function. The reviewed basic metabolic panel and liver function studies from 08/26/2013 revealed normal Electrolytes, normal creatinine with elevated serum glutamic-oxaloacetic transaminase (SGOT) Aspartate Transaminase (AST) at 77 and Serum Pyruvic Transaminase (SGPT) Alanine Aminotransferase (ALT) at 171. The abnormal liver function studies warrant monitoring. The medical necessity for the requested item has been established. The requested item is medically necessary.