

<b>Case Number:</b>	CM13-0060625		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 an employee of [REDACTED] and has submitted a claim for neck, right knee, and low back pain with an industrial injury date of October 17, 2003. Treatment to date has included medications, home exercise program, trigger point injection, and Synvisc injections. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of dull constant neck pain, 6/10, worse with daily activities and better with time, and radiated to the left side of his head, associated with occasional phono- and photosensitivity. The patient also complained of dull constant right knee pain, 7/10, worse with daily activities and better with time, associated with popping, clicking, locking, and giving out of his knee. He also complained of dull constant low back pain, 6/10, which radiated to the bilateral hips. Review of systems showed no bowel or bladder dysfunction. On physical examination, no sensory deficits were noted. MMT was 4+/5 for bilateral grip. There was normal varus, valgus, Lachman's, and McMurray's. There was pain on palpation along the right medial joint line, neck, and low back. Utilization review from November 22, 2013 denied the request for kidney function tests and liver function tests because the medical information submitted was not sufficient for a complete review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KIDNEY FUNCTION TESTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC-ODG Treatment Integrated Treatment /Disability Duration guidelines.Pain (Chronic) (updated 11/14/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine and National Institutes of Health, Kidney Function Tests, Medline Plus:  
<http://www.nlm.nih.gov/medlineplus/ency/article/003435.htm>.

**Decision rationale:** CA MTUS does not specifically address kidney function tests; however, according to Medline Plus from the US National Library of Medicine and National Institutes of Health, kidney function tests are common lab tests which include BUN, Creatinine, and Creatinine clearance. In this case, there was no discussion regarding the indication for requesting kidney function tests. The medical records did not report symptoms or physical examination findings of a possible kidney problem. There is no clear indication for ordering such laboratory test; therefore, the request for Kidney Function Tests are not medically necessary.

**LIVER FUNCTION CASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC-ODG Treatment Integrated Treatment /Disability Duration guidelines.Pain (Chronic) (updated 11/14/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine and National Institutes of Health, Liver Function Tests, Medline Plus:  
<http://www.nlm.nih.gov/medlineplus/ency/article/003435.htm>.

**Decision rationale:** CA MTUS does not specifically address liver function tests; however, according to Medline Plus from the US National Library of Medicine and National Institutes of Health, liver function tests are common lab tests used to evaluate how well the liver is working. In this case, there was no discussion regarding the indication for requesting liver function tests. The medical records did not report symptoms or physical examination findings of a possible liver problem. There is no clear indication for ordering such laboratory tests; therefore, the request for Liver Function Case is not medically necessary.