

Case Number:	CM13-0062062		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2010
Decision Date:	04/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Spine Surgery 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 physician 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 reported an injury on 10/01/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with right-sided protruded disc, degenerative facet arthropathy, lateral recess stenosis, and lumbar radiculopathy. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing low back pain with right lower extremity pain. Physical examination revealed positive straight leg raising, positive Kemp's testing, tenderness to palpation, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included authorization to provide quarterly lab panels and point of contact testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

basic metabolic, quarterly lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy.

Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the patient does not exhibit any signs or symptoms to suggest an abnormality due to medication use. Therefore, the medical necessity has not been established. Additionally, the current request for quarterly lab testing is excessive. Based on the clinical information received, the request is non-certified.

Hepatic function panel, quarterly lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the patient does not exhibit any signs or symptoms to suggest an abnormality due to medication use. Therefore, the medical necessity has not been established. Additionally, the current request for quarterly lab testing is excessive. Based on the clinical information received, the request is non-certified.

CPK, quarterly lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 26 February 2014.

Decision rationale: This test may be used to diagnose heart attack, evaluate cause of chest pain, determine how badly a muscle is damaged, detect dermatomyositis, polymyositis, and other muscle diseases, or to tell the difference between malignant hyperthermia and postoperative infection. The patient does not demonstrate any signs or symptoms suggesting an abnormality in the CPK level. Additionally, the request for quarterly lab testing is excessive. Based on the clinical information received, the request is non-certified.

C-reactive protein, quarterly lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, Lab Tests Online, HON code

standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014

Decision rationale: C-reactive protein may be ordered when an individual is suspected of having a serious bacterial infection based on their medical history and signs and symptoms. The patient does not exhibit any signs or symptoms that would suggest an abnormality in the CRP level. Additionally, the current request for quarterly lab testing is excessive. Therefore, the request is non-certified.

Arthritis panel, quarterly lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014

Decision rationale: Classic symptoms of arthritis include joint pain, swelling, stiffness, and redness. Laboratory testing can be useful in diagnosing forms of arthritis and/or ruling out other conditions. The patient does not demonstrate any of the above mentioned symptoms that would indicate an abnormality. Additionally, the current request for quarterly lab testing is excessive. Based on the clinical information received, the request is non-certified.

CBC, quarterly lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the patient does not exhibit any signs or symptoms to suggest an abnormality due to medication use. Therefore, the medical necessity has not been established. Additionally, the current request for quarterly lab testing is excessive. Based on the clinical information received, the request is non-certified.

Urine drug screen, quarterly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state urine drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the documentation submitted, the patient's injury was greater than 3 years ago to date, and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. The current request for quarterly urine drug screening is excessive. Based on the clinical information received, the request is non-certified.