MAXIMUS Federal Services

Case Number:	CM13-0063560		
Date Assigned:	03/24/2014	Date of Injury:	08/30/2000
Decision Date:	07/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Virginia and District of Columbia. 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:

This is a 57 year old patient who sustained injury on Nov 19 1999. She underwent laminectomy in 1993. She was seen by [redacted], on Nov 12 2013 who noted that the patient was to be seen by a nephrologist due to a decline in renal function. The patient had been seen in the emergency room on June 29 2013 for nausea and vomiting. She was noted tob e receiving unasyn for postoperative infection with enterococcus. She was noted to have a normal metabolic panel. She was given vancomycin and unasyn for antibiotics, as well as intravenous fluids. She was then discharged home.During her hospitalization she was noted to have normal renal testing on metabolic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH NEPHROLOGIST: 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 Other Medical Treatment Guideline or Medical Evidence:http://www.wcwl.ca/media/pdf/library/published_papers.11118.pdf.

Decision rationale: The patient was noted to have normal lab tests and was referred to a nephrologist due to changes noted in the renal portion of her metabolic testing. There was no change in function and the patient was without complaints. There is no supported evidence to state that this renal referral was indicated. Therefore, the request is not medically necessary.