

Case Number:	CM13-0070272		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2011
Decision Date:	05/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation, 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 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 injured worker is a 39-year-old female who reported an injury on 05/25/2011. The mechanism of injury involved heavy lifting. Current diagnoses include degenerative disc disease of the cervical spine, lumbar spine degenerative disc disease and lumbar spine radiculopathy. The injured worker was evaluated on 11/12/2013. The injured worker reported persistent lower back pain. The injured worker has completed 17 sessions of chiropractic/ physiotherapy. In addition, the injured worker was participating in a home exercise program. Physical examination revealed intact sensation, decreased bilateral patella reflexes, increased bilateral Achilles reflexes, decreased strength on the left, and positive straight leg raising. Treatment recommendations at the time included a med panel to evaluate hepatic and renal function.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MED PANEL TO EVALUATE HEPATIC AND RENAL FUNCTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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 to 8 weeks after starting therapy. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the injured worker does currently utilize opioid medication; however, there is no evidence of any signs or symptoms of an abnormality due to medication use. Therefore, repeat testing cannot be determined as medically appropriate.