

Case Number:	CM14-0009979		
Date Assigned:	02/21/2014	Date of Injury:	05/15/2012
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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 Medicine 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 40-year-old male who sustained an injury to his low back on 05/15/12. The mechanism of injury was not documented. The injured worker continued to complain of low back pain that radiated to the bilateral lower extremities and worsened with physical activity. Current medications provided 40-60% improvement with activities of daily living. Physical examination noted decreased lumbar range of motion and tenderness to palpation of the lumbar paraspinal musculature. The records indicate that the injured worker was awaiting a neurosurgical consultation. The request for a complete metabolic panel was denied due to lack of rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE METABOLIC PANEL (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: DEFINITIONS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: The request for comprehensive metabolic panel is not medically necessary. The previous request was denied on the basis that the provided documentation did not clearly

indicate a medical rationale for the requested studies. There was no clear history indicating findings suggestive of the need for a comprehensive metabolic panel. The Official Disability Guidelines (ODG) state that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment; however, given that there was no list of the injured worker's previous medications provided for review, medical necessity of the request for a comprehensive metabolic panel has not been established.