

<b>Case Number:</b>	CM14-0104765		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine, 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 injured worker is a 49 year old female with a date of injury on 12/20/2004. She is diagnosed with (a) post-laminectomy syndrome lumbar, and (b) sacroiliac joint dysfunction bilateral. Per reports dated 5/8/14, she complained of pain in the lower back, sacral, and left leg. She reported severe pain in the left lower extremity down the posterior and lateral aspect of the leg. She related that there was numbness in her bilateral foot. Objectively, the left calf had significant atrophy seen over the last 3 months. She added that she had increased amounts of pain in her left hip and left groin. She was unable to walk even a few steps without feeling a pressure in her lower back with pain her left hip. An examination of the lower extremities revealed pain that was elicited on internal and external rotation of the left hip. Tenderness was seen over the left greater trochanter and in the left buttock. A lumbar spine flexion and extension were limited to about 25 percent of normal. There was also tenderness over the mid line area of lumbar spine at L2, sacrum as well as facet joints and lumbar musculature. Orthopedic tests yielded positive findings. As a general screening and due to the severity of her symptoms comprehensive metabolic panel was requested.

### 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 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 155

**Decision rationale:** The request for a comprehensive metabolic panel is not warranted at this time. The medical necessity was not established based on the reviewed medical records. The purpose of the test was not provided. Therefore, it can be concluded that the request for the comprehensive metabolic panel is not medically necessary.