

Case Number:	CM14-0108469		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2004
Decision Date:	11/06/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/12/2014

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 Orthopedic Spine Surgeon, 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 62-year-old male who reported an injury on 06/08/2004. The specific mechanism of injury was noted to be a fall. The injured worker was moving a piece of furniture for his employer. Other therapies included psychotherapy and physical therapy. The injured worker had a spinal cord stimulator implant and a lumbar spine surgery. The diagnostic studies were not provided. The documentation of 06/17/2014 revealed the injured worker had chronic right lower back pain and right lower extremity pain that was interfering with sleep, activities of daily living, emotions, and function. The injured worker indicated he had increased back pain and leg pain secondary to the stimulator battery being depleted from extensive use. The injured worker's medications included Nucynta 50 mg tablets 1 orally twice a day, diazepam 5 mg tablets, propoxyphene/APAP twice a day, Cialis 2.5 mg 1 daily, Prilosec 20 mg capsules, Ketoprofen caps, and Soma tabs. The injured worker had moderate tenderness over the right lower lumbar area and sacroiliac joint. The straight leg raise was positive on the right at 35 degrees. Range of motion was severely limited due to pain. The injured worker had right ankle dorsiflexor and plantar flexor weakness, as well as right lower extremity weakness. The injured worker had decreased sensation to pin touch and vibration in the right at L5. Deep tendon reflexes in the bilateral upper and lower extremities were decreased; however, they were noted to be equal. The specific diagnostic studies were not provided. The treatment plan included a revision of a spinal cord stimulator and anesthesia. There was no documented rationale for the requested testing. There was a detailed Request for Authorization submitted for the requested laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic Blood Panel: 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 NSAIDS Page(s): 70.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. The clinical documentation submitted for review failed to provide documentation of prior testing. There was no rationale submitted for the requested testing. Additionally, there was a lack of documentation indicating the specific testing being requested. Given the above, the request for Hepatic Blood Panel is not medically necessary.

Renal Blood Panel: 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 NSAIDS Page(s): 70.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. The clinical documentation submitted for review failed to provide documentation of prior testing. There was no rationale submitted for the requested testing. The request as submitted failed to indicate the components for the requested lab test. Given the above, the request for Renal Blood Panel is not medically necessary.

Laboratory Test: CMP, CRP, PTT, PT, CBC, Sed Rate, Urinalysis, Urine Culture: 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://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=laboratory+tests>

Decision rationale: Per nlm.nih.gov, "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases." The clinical documentation submitted for review failed to provide a

documented rationale for the requested interventions. Given the above, the request for Laboratory Test: CMP, CRP, PTT, PT, CBC, Sed Rate, Urinalysis, Urine Culture is not medically necessary.