

Case Number:	CM14-0010945		
Date Assigned:	02/21/2014	Date of Injury:	12/23/2012
Decision Date:	08/06/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/27/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 49-year-old male. The patient's date of injury is 12/23/2012. The mechanism of injury is stated as breaking up a fight, when he was struck in the head with a table or stool. There was loss of consciousness. The patient has been diagnosed with hypertension, pneumonia, headaches, hypercoagulable state, subarachnoid hemorrhage, and deep vein thrombosis (DVT). The patient's treatments have included physical therapy, imaging studies (MRI) and medications. The physical exam findings, dated July 3, 2013 show the patient alert and oriented and in no acute distress. His gait is noted as mildly antalgic, he has normal heel and toe walk bilaterally. Spine exam shows diffuse tenderness to palpation in the paracervical, parathoracic, and paralumbar spine muscles. The neurological exam shows increased sensation in Left L5 and S1, with hyper-reflexive patella and Achilles reflexes. The muscle strength is noted as 5/5 in the legs. The patient's medications have included, but are not limited to, Celebrex and Trazodone. The request is for a renal panel test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renal panel: Overturned

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 Uptodate.com, Overview of hypertension in adults, Evaluation, Laboratory.

Decision rationale: There is no specific mention of renal labs in the MTUS treatment guidelines. Therefore, other guidelines were used. Up-to-date guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for renal testing. According to the guidelines, a renal panel (kidney testing) is indicated as standard of care in the treatment of hypertension. The clinical documents state that the patient does have hypertension and is currently undergoing treatment for this. According to the clinical documentation provided and current guidelines, a renal panel is indicated as a medical necessity to the patient at this time.