

Case Number:	CM14-0110460		
Date Assigned:	08/01/2014	Date of Injury:	08/25/2005
Decision Date:	10/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 67-year-old male with a 8/25/05 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/9/14, the patient is status post posterior lumbar interbody fusion surgery L4-5 (6/24/08). The prescriber is recommending lab work to check kidney renal function. Objective findings: tender decreased range of motion lumbar spine with spasms. Diagnostic impression: spondylolisthesis, lumbosacral spondylosis, sprain lumbar region. Treatment to date: medication management, activity modification, surgery, home exercise program. A UR decision dated 6/18/14 denied the request for urinalysis. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSISLAB WORK - CBC, CHEM7, LIVER FUNCTION TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid's Page(s): 70.

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: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. It is noted that the provider is recommending lab work to check kidney renal function. However, a specific rationale providing the medical necessity of this request was not provided. It is unclear what risk factors the patient has to require renal function lab work. Therefore, the request for Urinalysis Lab Work - CBC, Chem7, Liver Function Test was not medically necessary.