

Case Number:	CM14-0124005		
Date Assigned:	09/29/2014	Date of Injury:	12/01/2007
Decision Date:	11/06/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/05/2014

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 patient is a 54-year-old male who has submitted a claim for chronic musculoligamentous sprain of the lumbosacral spine, clinical possible left piriformis syndrome, and umbilical hernia associated with an industrial injury date of December 01, 2007. Medical records from 2014 were reviewed. Patient complained of low back pain, rated 2/10 in severity, described as constant and radiating to the left lower extremity. Pain was associated with tingling, cramping, burning, throbbing, and stabbing sensation. Physical examination showed restricted motion of the lumbar spine, positive bilateral sciatic nerve stretch test and tenderness. Reflexes were intact. Straight leg raise test was positive on the left. Motor strength was normal. Sensation was diminished at the left foot. Patient was unable to perform toe and heel walk. MRI of the lumbar spine, dated December 21, 2010, demonstrated significant multilevel degenerative disc changes of the lumbar spine, most prominent at the L4-L5 level on the right where a large disc osteophyte complex combines with facet joint hypertrophy to cause severe right neural foraminal narrowing. There was moderate-to-marked canal stenosis seen at the L3-L4 level with mild-to-moderate canal stenosis at the L4-L5 level. Treatment to date has included lumbar spine surgery in 2009, physical therapy and medications. Utilization review from July 03, 2014 denied the requests for CBC, CRP, CPK, Chem 8, hepatic function panel, and arthritis panel because of no clear indication for the laboratory tests; and denied MR / Arthrogram of the lumbar spine because of absence of unequivocal objective findings that identify specific nerve compromise on the neurologic exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (Complete Blood Count): 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 Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings: CBC

Decision rationale: The California MTUS Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, there was no documented rationale for a complete blood count. A surgical treatment plan was likewise not evident in the records submitted. The patient has no comorbid conditions to warrant CBC monitoring. The medical necessity cannot be established due to insufficient information. Therefore, the request for complete blood count is not medically necessary.

CRP (C-Reactive Protein): 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 Aetna Clinical Policy Bulletin, CRP; and Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings

Decision rationale: The California MTUS Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, there was no documented rationale for a complete blood count. A surgical treatment plan was likewise not evident in the records submitted. Patient has no comorbid conditions to warrant CBC monitoring. The medical necessity cannot be established due to insufficient information. Aetna considers high-sensitivity C-reactive protein (hs-CRP) testing medically necessary for patients at risk for cardiovascular disease who meet the set criteria. In this case, there was no documented rationale for a C-reactive protein. A surgical treatment plan was likewise not evident in the records submitted. Patient has no comorbid conditions to warrant CRP testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for C-reactive protein (CRP) is not medically necessary.

CPK (Creatine Phosphokinase): 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 NIH creatine phosphokinase test

Decision rationale: The California MTUS Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medline Plus, Creatine Phosphokinase Test was used instead. According to the online search, this test may be used to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged; detect dermatomyositis, polymyositis, and other muscle diseases; and tell the difference between malignant hyperthermia and postoperative infection. In this case, there was no documented rationale for a CPK. A surgical treatment plan was likewise not evident in the records submitted. Patient has no comorbid conditions to warrant CPK testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for creatine phosphokinase (CPK) is not medically necessary.

Chem 8: 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 Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333

Decision rationale: The California MTUS Guidelines does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. A basic metabolic panel including calcium is sometimes colloquially referred to as a "CHEM-8". In this case, there was no documented rationale for a Chem-8. A surgical treatment plan was likewise not evident in the records submitted. Patient has no comorbid conditions to warrant Chem-8 testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for Chem-8 is not medically necessary.

MR/ Arthrogram Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

Decision rationale: As stated in the ACOEM Practice Guidelines referenced by the California MTUS Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain, rated 2/10 in severity, described as constant and radiating to the left lower extremity. Pain was associated with tingling, cramping, burning, throbbing, and stabbing sensation. Physical examination showed restricted motion of the lumbar spine, positive bilateral sciatic nerve stretch test and tenderness. Reflexes were intact. Straight leg raise test was positive on the left. Motor strength was normal. Sensation was diminished at the left foot. The patient was unable to perform toe and heel walk. MRI of the lumbar spine, dated December 21, 2010, demonstrated significant multilevel degenerative disc changes of the lumbar spine, most prominent at the L4-L5 level on the right where a large disc osteophyte complex combines with facet joint hypertrophy to cause severe right neural foraminal narrowing. There was moderate-to-marked canal stenosis seen at the L3-L4 level with mild-to-moderate canal stenosis at the L4-L5 level. However, there was no clear discussion why MR arthrogram was requested. There was no worsening of subjective complaints or objective findings to warrant such. It was unclear how MR arthrogram results can affect treatment plans due to lack of documentation. Therefore, the request for MR/ Arthrogram Lumbar Spine was not medically necessary.

Tramadol (50mg, #270): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for tramadol is unknown due to lack of documentation. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol is not medically necessary.

Hepatic Function 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 Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333

Decision rationale: The California MTUS Guidelines does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did 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. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, there was no documented rationale for a liver testing. A surgical treatment plan was likewise not evident in the records submitted. The patient has no comorbid conditions to warrant hepatic panel testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for hepatic function panel is not medically necessary.

Arthritis 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 Medical University of South Carolina, Arthritis Panel

Decision rationale: The California MTUS Guidelines does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, there was no documented rationale for arthritis panel testing. Patient has no arthritis to warrant testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for arthritis panel is not medically necessary.