

Case Number:	CM14-0129519		
Date Assigned:	08/18/2014	Date of Injury:	10/25/2000
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Medicine and is licensed to practice in Ohio. 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 sustained an injury on June 26, 2013 whereby was carrying PVC pipe and fell down a hill injuring his back. He was seen in emergency room where x-rays of the thoracic and lumbar spines were completed in addition to CT imaging of those areas. No acute findings were discovered. Because of the concern for a renal injury the emergency room physician documents the blood in urine analysis were undertaken. The record reflects a urine analysis, CBC, comprehensive metabolic profile. The injured worker was prescribed anti-inflammatory medication, muscle relaxants, and narcotic pain medication. He was seen the following day by another treating physician and had chiropractic care ordered. The back issues slowly resolved but it was later discovered that he had right foot pain the whole time was thought to have plantar fasciitis. The last records submitted indicated that a request for a podiatry evaluation was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work (Metabolic panel, CBC, Lipid Panel, Hepatic Function Panel, Hemoglobin A1C, Thyroid Panel, Uric Acid, GGT, Serum Ferritin, Vitamin D and Apolipoprotein A/B): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs, NSAIDs Page(s): 23, 64, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)ACOEM on line version: Chronic pain disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Renal Trauma topic.

Decision rationale: The Official Disability Guidelines and the California MTUS guidelines are silent on the evaluation for suspected kidney trauma in terms of the laboratory evaluation. Medscape, under the renal trauma topic, states that "The diagnosis of renal injury begins with a high index of clinical awareness. The mechanism of injury provides the framework for the clinical assessment. Particular attention should be paid to complaints of flank or abdominal pain. Urinalysis, both gross and, if necessary, microscopic, should be performed in patients who are thought to have renal trauma. Based on these initial measures, radiographic or operative investigation may follow." In this case, the urine analysis failed to reveal any evidence of blood in the urine and therefore further laboratory investigation is unwarranted. The decision for blood work in this instance is not medically necessary.