

Case Number:	CM14-0130856		
Date Assigned:	08/20/2014	Date of Injury:	06/28/2010
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 55 year old with an injury date on 6/28/10. Patient complains of pain in bilateral shoulders, bilateral legs, and lower lumbar with pain rated 10/10 per 7/22/14 report. Patient has doubled his dose of Tylenol #4 but it is still not helping manage pain per 7/22/14 report. Based on the 7/22/14 progress report provided by Dr. [REDACTED] the diagnoses are: 1. lumbar radiculopathy; 2. pain related insomnia; 3. myofascial syndrome; 4. neuropathic pain. Exam on 7/22/14 showed "height 5/9, weight: > 400 lbs." No range of motion testing was found in provided reports. Dr. [REDACTED] is requesting U 06 process bloodwork. The utilization review determination being challenged is dated 8/1/14. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

U 06 Process Blood Work: 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 National Institute of Health, Acute liver failure including acetaminophen overdose, Robert J. Fontana, MD.

Decision rationale: This patient presents with bilateral shoulder pain, bilateral leg pain, and lower back pain. The treater has asked for U 06 process bloodwork on 7/22/14 "to assess organ function following prolonged medication use." The patient has been using Tylenol since 1/14/14 report. Treater states that patient will discontinue Tylenol on 7/22/14 report. According to an article by Dr. Robert Fontana writing for the National Institute of Health, "Mental status changes or encephalopathy are a defining criterion of ALF (acute liver failure)." In this case, the treater appears to be concerned about patient's prolonged use of Tylenol. However, the patient's excessive total daily dose was not provided to raise any kind of concern. There is no documentation of pre-existing liver problems. There is no explanation as to why a simple hepatic panel is not sufficient. As such, the request is not medically necessary.