

Case Number:	CM14-0151175		
Date Assigned:	09/19/2014	Date of Injury:	08/29/2013
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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 38-year-old male with date of injury of 08/29/2013. The listed diagnoses per [REDACTED] from 07/24/2014 are: 1. Lumbosacral spine sprain and strain. 2. Radicular pain. 3. Insomnia. 4. Abnormal liver enzymes. According to this report, the patient complains of pain in the lower back, on the right side since he has been going to physical therapy. The patient has completed 8 sessions of physical therapy. The objective findings show tenderness to the left side of his lower back. Straight leg raise is positive at 80 degrees on the right and 70 degrees on the left. In this same report, the treater references an MRI on 10/01/2013 that showed 2-level degenerative disk disease that contributes to moderate left and mild L4/L5 and mild bilateral L5/S1 neuroforaminal narrowing. The utilization review denied the request on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient labs: hepatic Function Panel, Hep B Surface Ag w/ reflex confirm; Hep C virus Ab. Body part: Blood: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring of CBC Page(s): 70.

Decision rationale: This patient presents with low back pain. The treater is requesting outpatient labs. The California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) Guidelines do not specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established." The 06/04/2014 report notes, "April 2014, the patient was discovered to have elevated liver enzymes, and [REDACTED] is concerned that the patient's abnormal liver enzymes may be due to medications prescribed for the back injury." The records show 2 laboratory testing, one from 03/24/2014 and another on 06/05/2014 that showed albumin 4.6, ALT elevated at 86, AST elevated at 43, bilirubin 0.8. In this case, the patient has mildly elevated liver enzymes and hepatitis laboratory investigation would appear medically reasonable and indicated. The treater is interested in finding out what is causing elevated liver enzyme. The requested treatment is medically necessary and appropriate.