MAXIMUS Federal Services

Case Number:	CM14-0153244		
Date Assigned:	09/23/2014	Date of Injury:	08/18/2010
Decision Date:	12/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency 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:

60 year old female was injured when a vehicle struck the parked bus that she was standing in. She was knocked down on her right side and lost consciousness for about 2 minutes. She felt that her low back, buttocks, left knee, left ankle, head and left shoulder had been hurt. The date of injury was August 18, 2010. Diagnoses include L4-5 moderate central stenosis, status post C5-6 fusion, bilateral rotator cuff tendinosis and left knee degenerative joint disease. A standing AP and lateral left knee x-ray on April 9, 2013 showed mild degenerative joint disease. In report dated August 7, 2014, she presented for follow-up with persistent back and neck pain rating the pain 7-8 on a pain scale of 1-10 and knee pain of 5 on the pain scale. She reported radiation of pain and numbness down the left leg to the foot and numbness down the left arm to the hand. Treatment modalities included an epidural injection to the lumbar spine and injections to the left knee and left shoulder. She continues her medications and stated that they help decrease her pain and allow her to increase her activity level by approximately 50%. Range of motion of the lumbar and cervical spines was noted to be decreased in all planes. Left knee examination revealed a range of motion of 0 through 120 degrees. There is no rationale for tests requested or what test was actually requested.Review of older documented laboratory testing dated 5/21/14 was benign. There is no provided medication list except for documented Relafen, Omeprazole and Topamax. There is a request for Nabumetone but is not clear how long patient has been on this medication. A prospective request was made for 1 pain psychological consultation, 1 prescription of Nabumetone 750 mg #120, 1 prescription of Omeprazole 20 mg #120 and unknown labs for kidney and liver function. On September 12, 2014, utilization review denied the prospective request for unknown labs for kidney and liver function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Labs for Kidney and Liver Function: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Liver and Kidney Function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or targeted. There is some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. There is no justification for the labs ordered documented by the provider It is not clear what mediations patient is on. There is no documentation or proper request for what labs was actually requested. Labs for kidney and Liver function are not medically necessary.