

Case Number:	CM14-0177016		
Date Assigned:	10/30/2014	Date of Injury:	05/20/2011
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/26/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 27 year old male with date of injury of 5/20/2011. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the cervical and lumbar spine with radiculopathy. Subjective complaints include continued pain in the neck and lower back. Objective findings include limited range of motion of the cervical and lumbar spine with tenderness to palpation of the paravertebrals; no hepatomegaly. Treatment has included Fenoprofen, Lidoderm ointment, Naproxyn, cervical traction, HEP, and TENS unit. The utilization review dated 9/30/2014 non-certified [REDACTED] Comprehensive Metabolic.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] / **Comprehensive Metabolic:** Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Merck Manual, 19th Edition

Decision rationale: The Merck Manual indicates that clinicians use laboratory testing to help make choices and the test results may help dispel uncertainty, interpret a patient's signs and

symptoms, and identify patients who are likely to have occult disease. The employee has an ALT of 195 and an AST of 150 (liver enzymes) on 9/17/2014 which are both high and indicate some liver dysfunction. The treating physician has recommended holding all medications, including Tylenol. The employee has lots of pain issues, and so getting a second metabolic panel to see if the liver function numbers trended downward is an important step to getting him back onto his meds and in control of his pain. Therefore, the request for [REDACTED] / Comprehensive Metabolic is medically necessary.