

Case Number:	CM14-0021450		
Date Assigned:	05/07/2014	Date of Injury:	09/25/2006
Decision Date:	07/09/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records presented for review indicate that this 50 year old individual sustained an injury on 9/25/06. The mechanism of injury is not listed; however, the claimant has not worked since 2006. The claimant has undergone three lumbar spine surgeries with the last surgery extending his previous lumbar fusion from L4 to S1 on 7/24/12. At the most recent office visit (1/8/14), the claimant complained of back pain and bilateral lower extremity pain. Physical examination reveals the claimant is alert and oriented, in no acute distress. Gait is antalgic; the claimant utilizes a single-point cane to assist with ambulation. Palpation of the thoracic and lumbar spines reveals bilateral paraspinal tenderness and a well-healed incision over the lumbar spine. Sensation is intact to the bilateral lower extremities; 4+/5 for left quadriceps, hamstrings, tibialis anterior, extensor hallucis longus, inversion and eversion; 5-/5 right quadriceps, hamstrings, tibialis anterior, extensor hallucis longus, inversion, plantar flexion and eversion. Diagnostic studies include plain radiographs of the lumbar spine dated 9/5/12 which were intact for postoperative course. The clinical assessment was lumbar radiculopathy (status post three lumbar surgeries) and diabetes. The patient is currently being treated with Norco, Flexeril and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE LAB PANEL TO EVALUATE RENAL AND HEPATIC FUNCTION
DOS: 1/8/2014: 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 Official Disability Guidelines (ODG) Official Disability Guidelines (19th annual edition) & ODG Treatment in Workers' Comp (12th annual edition), 2014.

Decision rationale: The MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG also does not directly address routine renal or hepatic laboratory testing; however, it does address acetaminophen overdose and hepatotoxicity. A warning is given on all acetaminophen products that patients who consume greater than three alcoholic drinks a day are at high risk, and should discuss this further with their physician. Renal toxicity and insufficiency occurs in 1 - 2% of patients with acetaminophen overdose. Medical records indicate that the claimant is taking Norco 5/325mg as prescribed, and does not have any pre-existing and/or medical conditions that would warrant requested laboratory testing. Therefore, the requested labs are not medically necessary.