

Case Number:	CM14-0024468		
Date Assigned:	06/11/2014	Date of Injury:	01/08/1990
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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:

The patient is a 52 year old male who was injured on 01/08/1990 when he was trying to catch a waste drum he injured his right shoulder. Prior treatment history has included the following medications: Naprosyn 500 mg, Ambien, oxycodone, Viagra, Flomax, and Metformin. The patient underwent L4-L5 and L5-S1 laminectomy and discectomy with nerve root decompression and foraminotomy on 03/04/1992. The patient underwent two level lumbar fusion surgeries at L4-L5 and L5-S1 in 1999. Diagnostic studies reviewed include lumbar spine MRI dated 02/24/2014 showed changes of posterior decompression with discectomy and interbody cage placement L4-L5 and L5-S1 without areas of significant central or neural foraminal narrowing. L3-L4 broad based disc bulge with degenerative facet disease producing components of neural foraminal and central canal narrowing. Progress report dated 01/30/2014 was not submitted with the medical records. Progress report dated 02/17/2014 documented the patient with complaints of lower back pain and right shoulder pain. The pain level has increased since the last visit. He does not report any change in the location of the pain. The patient reports dribbling after urination. The quality of sleep is poor and he is not trying any other therapies for pain relief. His activity level has remained the same. The patient is taking his medications as prescribed. He states that the medications are working well with no side effects reported. Objective findings on examination of the lumbar spine reveal the range of motion is restricted with flexion limited to 65 degrees limited by pain, extension limited to 5 degrees with pain, left lateral rotation limited to 20 degrees and right lateral rotation limited to 15 degrees. On palpation of the paravertebral muscles spasm is noted on both sides. Lumbar facet loading is positive on the right side. Straight leg raising test is positive on the right in sitting at 80 degrees. Ankle jerk is 0/4 on both sides. Patellar jerk is on both sides. Muscle strength is 5/5. Sensory examination to light touch is decreased over L4 dermatomal distribution on the right side. Diagnoses: 1. Post

lumbar laminectomy syndrome2.Lumbar radiculopathy3.Lumbar facet syndrome4.Shoulder pain
Treatment Plan: MRI was authorized and medication was prescribedUtilization report dated 02/06/2014 states the request for BUN/creatinine, hepatic function test, lab serum AST & ALT and renal panel was not certified. As documented in the prior UR, the request for authorization form dated 01/30/2014 documented that as per imaging facility laboratory work up prior to having MRI was requested which includes blood urea nitrogen and creatinine test, hepatic function panel, laboratory serum aspartate aminotranferase and alanine aminotransferase and renal panel test. After reviewing the records, the MRI requested without contrast, there would be no medical indication without contrast, therefore the request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD UREA NITROGEN (BUN)/CREATININE,,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12840117>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kidney function tests, MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003435.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to MedlinePlus, kidney function tests are common lab tests used to evaluate how well the kidneys are working. The medical records document the patient was diagnosed with lumbar laminectomy syndrome, lumbar radiculopathy and lumbar facet syndrome. No specific rationale is provided in the available medical records for this test. The patient was authorized for a lumbar MRI without contrast in which case renal function testing would not be necessary. Medical necessity is not established. Therefore, the request is not medically necessary.

HEPATIC FUNCTION PANEL TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20651199>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Liver function tests, MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003436.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to MedlinePlus, liver function tests are used to see how well the liver is working. The medical records document the patient was diagnosed with lumbar laminectomy

syndrome, lumbar radiculopathy and lumbar facet syndrome. No specific rationale is provided in the available medical records for this test. Medical necessity is not established. Therefore, the request is not medically necessary.

LABS SERUM AST AND ALT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12840117>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Liver function tests, MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003436.htm>.

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RENAL PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20651199>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kidney function tests, MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003435.htm>.

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