

Case Number:	CM14-0032497		
Date Assigned:	06/20/2014	Date of Injury:	05/04/1995
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehabilitation 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 injured worker is a 63-year-old male with a reported date of injury of 05/04/1995. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with continued neck pain, upper extremity pain, and low back pain. The clinical documentation provided indicated the injured worker presented with a history of being morbidly depressed. Upon physical examination, the injured worker's low back revealed tenderness in the paralumbar muscles. In addition, the physician indicated there was decreased range of motion. The lumbar range of motion revealed flexion to 45 degrees, extension to 5 degrees, and lateral bending to 5 degrees. In addition, the clinical note dated 09/27/2013 indicated the injured worker presented with loss of memory, agitation, hopelessness, and verbally abusive. The injured worker's diagnoses included gastroesophageal reflux, irritable bowel syndrome, chronic low back pain status post multiple lumbar surgeries, bilateral upper extremity neuropathic symptoms, headaches, and depression. The injured worker's medication regimen included Kadian, Nexium, Ambien, Effexor XR, Klonopin, and Seroquel. The request for authorization for 1 CMP and CBC laboratory work to evaluation liver and kidney function on long-term medication usage was not submitted. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CMP and CBC laboratory work to evaluate live and kidney fuction on long term medication usage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus.

Decision rationale: According to MedlinePlus, a comprehensive metabolic panel (CMP) routinely ordered as part of a blood workup for a medical exam or yearly physical. While the individual tests are sensitive, they do not usually give the doctor specifically suggestion of diagnosis. Abnormal test results or groups of test results are usually followed up with specific tests to confirm or rule out a suspected diagnosis. In addition, a complete blood count test measures the number of red blood cells, the number of white blood cells, and the total amount of hemoglobin in the blood. Complete blood count (CBC) is used to detect or monitor many different health conditions. It may be used to diagnose infections or allergies, detect blood clotting problems or blood disorders, including anemia, or evaluate red blood cell production or destruction. In addition, labtestsonline.com states that liver disease may not cause any symptoms at first or the symptoms may be nonspecific, like weakness and loss of energy. In acute liver disease, symptoms related to problems processing bilirubin, including yellow skin and eyes, dark urine, and light stools, along with loss of appetite, nausea, vomiting, and diarrhea are most common. In addition, chronic kidney disease can progress silently over many years, with no signs or symptoms or with ones that are too general for a person to suspect as related to kidney function. The symptoms of kidney disease may include swelling or puffiness, particularly around the eyes or in the face, wrists, abdomen, and thighs or ankles, urine that is foamy, bloody, or coffee colored, decrease in the amount of urine, problems urinating, such as a burning feeling or discharge during urination, or change in the frequency of urination, mid back pain, and high blood pressure. The clinical information provided for review lacks documentation of concerns, signs, and symptoms of liver or kidney dysfunction. There is a lack of documentation related to swelling, urinary problems, or diarrhea. The rationale for the request was not provided within the documentation available for review. Therefore, the request for 1 CMP and CBC laboratory work to evaluation liver and kidney function on long term medication usage is not medically necessary.