

Case Number:	CM14-0038819		
Date Assigned:	06/27/2014	Date of Injury:	05/14/2008
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 and Rehabilitation and is licensed to practice in Nevada 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 58-year-old male was reportedly injured on May 14, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 11, 2014, indicated that there were no current complaints. The physical examination demonstrated tenderness at the right anterior-superior ileum and tenderness over the spinous processes of L3, L4, and L5. Diagnostic imaging studies reported straightening of the lumbar lordosis and a synovial cyst at the left facet joint of L4-L5 with facet hypertrophy and ligamentum flavum thickening. Treatment included lumbar spine surgery on May 16, 2014 and previous chiropractic care as well as home exercise. A request had been made for a metabolic panel and a urinalysis and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/bmp/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Preoperative Clearance, updated July 3, 2014.

Decision rationale: It is unclear why there is a request for a metabolic panel for the injured employee. The recent progress note did not indicate that the injured employee had any type of illness nor was there any concern related to the injured employee's current medication regimen, which may affect kidney or liver function. Furthermore, if this was intended as a preoperative screening, the injured employee has already had lumbar spine surgery. For these reasons, this request for a metabolic panel not medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a urine analysis is not medically necessary.