

Case Number:	CM14-0063204		
Date Assigned:	07/11/2014	Date of Injury:	06/14/2006
Decision Date:	10/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with a 6/14/06 date of injury, and L5-S1 anterior and posterior fusion (date unspecified). At the time (4/17/14) of the decision for Gamma Glutamyl Transpeptidase (GGT) test, there is documentation of subjective (moderate back pain radiating to left leg) and objective (tenderness over the lumbar spine, antalgic posture and decreased lumbar range of motion with spasm) findings. The current diagnosis is lumbar post-laminectomy syndrome. The treatment to date includes Flexeril, Voltaren, Norco, and Nucynta. There is no documentation of a clearly stated rationale identifying why laboratory test is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gamma Glutamyl Transpeptidase (GGT) test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Drug testing; NSAIDs Page(s): 80; 43; 70.

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of a diagnosis of lumbar post-laminectomy syndrome. However, there is no documentation of a clearly stated rationale identifying why laboratory test is needed. Therefore, based on guidelines and a review of the evidence, the request for Gamma Glutamyl Transpeptidase (GGT) test is not medically necessary.