

Case Number:	CM14-0065044		
Date Assigned:	07/11/2014	Date of Injury:	11/15/2004
Decision Date:	10/20/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 56 year old female who was injured on 11/15/2004 when she tripped and fell and landed forward on her hands and knee. Her medications as of 04/02/2014 included Lidoderm, Tylenol with Codeine, Zantac and Soma. Progress report dated 04/02/2014 indicates the patient presented with neck pain radiating from the neck down into both arms. She noted her pain to be 7/10 with medications but the pain has decreased. She stated her quality of sleep has been poor due to the pain but reported her medications are working well. On exam, the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted with flexion limited to 35 degrees limited by pain; extension limited to 20 degrees limited by pain; right lateral bending limited to 10 degrees limited by pain; left lateral rotation to the left limited to 40 degrees and lateral and lateral rotation to the right limited to 40 degrees. There is spasm and tenderness noted on C4-C6. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. There is tenderness noted on both the sides; spinous process tenderness is noted on T2 to T6. Diagnoses are muscle spasm, cervical radiculopathy; and disc disorder of the cervical spine. The patient was recommended an AST and ALT and renal panel for monitoring of liver and kidney function. The patient was given a prescription for Senna, Tylenol, and Fiorinal. Prior utilization review dated 04/15/2014 states the request for Lab tests: serum AST & ALT and renal panel is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab tests: serum AST & ALT and renal panel: 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 Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test/>
<http://requestatest.com/renal-function-panel-testing>

Decision rationale: The guidelines recommend liver panel including AST/ALT and/or renal panel for evaluation of the liver and kidney, respectively. The clinical notes had minimal documentation which discussed the reason for ordering the above laboratory tests. The assessment stated the tests were being ordered for monitoring but this is not adequate justification. There was an insufficient discussion of previous laboratory results and it is unknown if the patient has any abnormalities which require serial monitoring. The patient did not have subjective/objective findings to suggest underlying renal or liver pathology. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.