

Case Number:	CM14-0081679		
Date Assigned:	07/18/2014	Date of Injury:	05/13/2008
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

This 46 year-old patient sustained an injury on 5/13/08 while employed by [REDACTED]. Request under consideration include 1 MED PANEL TO EVALUATE LIVER AND KIDNEY FUNCTION. Orthopedic AME re-evaluation of 9/20/13 noted the patient's right ankle and foot condition to have reached maximum medication improvement since last evaluation of 5/11/12; additionally, the hyperesthesia noted at previous visit has now resolved and the patient is functioning well with no clear discernible impairment of residual nature. Report of 3/18/14 from the provider noted the patient with chronic ongoing low back pain rated at 8/10 with radiculopathy into bilateral lower extremities. Exam showed lumbar spine muscle spasm, decreased range of motion with unchanged neurological findings. Current medications list LidoPro cream, Tramadol, and Flexeril. Treatment included diagnostic lab panel. Report of 6/10/14 from orthopedic provider noted the patient with ongoing low back and right ankle pain. The patient was P&S on 3/7/14 and underwent FCE on 3/12/14. Conservative care has included medications, epidurals, therapy, acupuncture, chiropractic treatment, and modified activities/rest. Current complaints of pain rated at 7/10 with radiation associated with numbness and tingling of toes. Exam showed diffuse diminished sensation of L4, L5, and S1 dermatomes, 5-/5 motor strength with normal reflexes in bilateral lower extremities. MRI of lumbar spine showed mild degenerative disc disease and facet arthropathy with L4-5 mild stenosis. Diagnoses included lumbar facet syndrome symptomatic at times/ retrolisthesis; potential psychological issues; multilevel DDD/ radiculopathy s/p peroneus brevis tendon repair. Recommendation included conservative care with pain provider. The request for 1 MED PANEL TO EVALUATE LIVER AND KIDNEY FUNCTION was partially-certified for 1 Comprehensive Metabolic Panel without additional testing on 5/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MED PANEL TO EVALUATE LIVER AND KIDNEY FUNCTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Page(s): 70.

Decision rationale: The request for 1 med panel to evaluate liver and kidney function was partially-certified for 1 Comprehensive Metabolic Panel without additional testing on 5/2/14. Review indicated the patient had comprehensive diagnostic panel in August 2013. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2008. The patient is not prescribed any NSAIDs and there is no concerning comorbidities identified; nevertheless, there are no gastroenterological complaints or clinical findings demonstrated to support for panel beyond recent partial certification. The 1 med panel to evaluate liver and kidney function is not medically necessary and appropriate.