

Case Number:	CM14-0089882		
Date Assigned:	07/23/2014	Date of Injury:	08/19/2004
Decision Date:	10/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in Tennessee, Florida and 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 44 year old male who had a work related injury on 08/19/04. The mechanism of injury is not described. The most recent medical record submitted for review is dated 06/10/14. The injured worker had a history of lumbar spine discomfort that he describes as 5/10 but it is decreased with the use of Medrox ointment. His urine toxicology came back non-detectable for any narcotics so we discussed this and he related that he very rarely if at all takes Norco. His RFT and LFT results were normal. Current complaints of low back pain with radiation to both lower extremities. He has difficulty with prolonged standing, walking, or sitting. The pain is now affecting his activities of daily living. Occasional erectile dysfunction due to chronic low back pain. Upset stomach due to medication use. Physical examination muscle strength in hip flexion is 4/5 due to low back pain. No focal atrophy is noted. Sensation is altered over the top of the left foot in the L5 dermatome, no definite decreased sensation is noted. The injured worker's straight gait is slow due to low back pain. There is slight to moderate paralumbar muscle tenderness and muscle spasm, more on the right than the left. Flexion is 70% of normal. Extension is 0% of normal. Right and left lateral flexion is 70% of normal. Straight leg raise is positive to the right at 60 degrees in the sitting and supine position, producing buttock, posterior thigh, and calf pain. He is positive to the left at 80 degrees, producing buttock and posterior thigh pain in sitting and supine position. Lesegue's test is negative bilaterally. Diagnoses bilateral lumbar radiculopathy with MRI abnormality especially at L4-5. Secondary GI upset due to medication use. MRI of the lumbar spine dated 08/03/12 was positive for a 1-2mm diffused disc bulge at L4-5 causing thecal sac narrowing and partial narrowing of the central canal. At L5-S1, there is a 1-2mm diffused bulge with no nerve root compression noted. Prior utilization dated 05/13/14 was non-certified. Current request is for a renal and liver functioning test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lab: Renal and Liver functioning tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for labs, renal and liver functioning test is not medically necessary. Per the medical record dated 06/10/14, it is noted that his renal function studies and liver function studies results were normal. The request for the liver function and renal function test medical necessity has not been established.