

Case Number:	CM14-0091868		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2011
Decision Date:	09/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 is a 29 year old male who reported an industrial injury to the lower back on 9/8/2011, two years ago, attributed to the performance of his customary job tasks. The patient was reevaluated for follow-up for injuries sustained to the lumbar spine, bilateral lower extremities, bilateral hips, stress, and kidneys. The patient reported that the low back pain was constant and achy with spasms down the bilateral legs left greater than right. The patient reported feeling worse since the lumbar spine surgical intervention. The objective findings on examination included no acute distress, walked heavily on a cane; gait was noted to be antalgic, diminished range of motion of the lumbar spine; negative heel walk; well-healed laminectomy scar over the lumbar spine. The patient was placed on modified work. The diagnoses included lumbar spine neural foraminal narrowing, lumbar spine degenerative disc disease; lumbar disc protrusion, and lumbar spine retrolisthesis. The patient was ordered a candidate and a creatinine phosphokinase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creatinine Phosphokinase: 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 General Disciplinary Guidelines for the Practice of Medicine.

Decision rationale: The patient was ordered a creatinine phosphokinase level without a rationale supported with objective evidence. There were no objective findings on examination to support the medical necessity of the laboratory test. Clinically, creatine kinase is assayed in blood tests as a marker of myocardial infarction (heart attack), rhabdomyolysis (severe muscle breakdown), muscular dystrophy, the autoimmune myositides and in acute renal failure. The test was ordered as a screening test without documented objective findings on examination to support medical necessity or rationale for testing. There was no demonstrated medical necessity for the prescribed creatinine phosphokinase test.