

Case Number:	CM14-0116296		
Date Assigned:	08/04/2014	Date of Injury:	09/08/2011
Decision Date:	01/08/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 General Surgery and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 09/08/2011. The mechanism of injury was reported as repetitive work duties. His diagnosis was listed as other nonspecific abnormal serum enzyme levels, 790.5. Past treatments included medications, a home exercise program, and use of a TENS unit. Diagnostic studies included an MRI of the lumbar spine dated 11/21/2011, which was noted to reveal L4-5 mild dorsal bulging disc with trace facet joint as well as annular disc bulge of 2 mm and facet arthrosis, L5-S1 resulting in mild bilateral foraminal narrowing. On 05/30/2014, the injured worker complained of constant low back pain rated at a 7/10, radiating down his right leg. The physical examination revealed tenderness to palpation and decreased range of motion with lumbar extension. His current medications were listed as LidoPro ointment. The treatment plan included continuation of conservative care, refill of medications, and a followup visit. A request was received for iron, total iron capacity, ferritin, and liver transaminase. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iron: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 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: www.rxlist.com/iron

Decision rationale: The request for iron is not medically necessary. According to RxList.com, iron is effective for patients with anemia from low levels of iron in the blood. The documentation submitted indicates that the injured worker was diagnosed with microcytic anemia, possibly due to iron deficiency from gastrointestinal blood loss due to nonsteroidal anti-inflammatory drug treatment. However, there is no documentation of a recent physical examination after 05/30/2014 or lab results indicating the patient is still anemic. In addition, the request does not specify dosage or frequency of use. In the absence of documentation with quantifiable evidence of anemia, the request is not supported. As such, the request is not medically necessary.

Total Iron Capacity: 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: labtestsonline.org/ Total iron-binding capacity

Decision rationale: The request for total iron capacity is not medically necessary. According to LabTestsOnline.org, total iron binding capacity is most frequently used along with a serum iron test to evaluate people suspected of having either iron deficiency or iron overload. The documentation submitted indicates that the injured worker was diagnosed with microcytic anemia. However, there is no documentation of a more recent physical examination after 05/30/2014, with subjective complaints that would warrant the need for a total iron capacity test. In the absence of documentation with evidence indicating the need for a total iron capacity test, the request is not supported. As such, the request is not medically necessary.

Ferritin: Upheld

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

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: www.rxlist.com/ferritin

Decision rationale: The request for ferritin is not medically necessary. According to RxList.com, ferritin is a major protein concerned with iron storage. The documentation submitted indicates that the injured worker was diagnosed with microcytic anemia. However, there is no documentation of a current physical examination after 05/30/2014 or lab results indicating the patients current iron levels that would indicate the need for ferritin. In the absence

of documentation with quantifiable evidence indicating the need for Ferritin, the request is not supported. In addition, the request does not specify dosage or frequency of use. As such, the request is not medically necessary.

Liver Transaminase: 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: labtestsonline.org

Decision rationale: The request for liver transaminase is not medically necessary. According to LabTestsOnline.org, a liver panel may be used to screen for liver damage, especially in someone who has a condition or is taking a drug that may affect the liver. The documentation submitted indicated that the injured worker was diagnosed with elevated liver transaminase possibly due to drugs. However, there is no documentation of a current physical examination after 05/30/2014, or a current medication list that would indicate the need for a liver function test. In the absence of documentation with evidence indicating the need for a liver function test, the request is not supported. As such, the request is not medically necessary.