

Case Number:	CM14-0166049		
Date Assigned:	10/13/2014	Date of Injury:	03/03/1992
Decision Date:	01/08/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/08/2014

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 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:

The injured worker sustained a work related injury on March 3, 1992, slipping and falling with low back and left leg pain. The injured worker was noted to now be retired. The Primary Treating Physician's visit of August 20, 2014, noted the injured worker with low back and left leg pain. The injured worker noted acupuncture helped, and had no side effects from the daily dose of non-steroidal anti-inflammatory (NSAID) medication. A lumbar spine x-ray performed at that visit was noted to show multilevel arthritis L4-S1 with dextrosciosis mild and Ca++ aorta. The Physician noted the diagnoses of lumbar degenerative disc disease (non-industrial), lumbar strain (industrial), and hypertension (non-industrial). The Primary Treating Physician's report dated September 24, 2014, noted the injured worker's pain unchanged, and has done well with acupuncture in the past, decreasing medication usage. On September 29, 2014, the Physician requested authorization for additional acupuncture, laboratory work, lumbar series x-rays, and a medical chart review. On October 6, 2014, Utilization Review evaluated the request for acupuncture one time a month for four months, creatine and ALT lab work, and a lumbar spine x-ray, citing MTUS Acupuncture Guidelines, and American College of Occupational and Environmental Medicine (ACOEM) Low Back Complaints and Occupational Medicine Practice guidelines. The UR Physician noted the request for medical record review was already listed in a physician note dated August 20, 2014. The UR Physician noted documentation of a reduction in the dependency on continued medical treatment or medications as a result of previous acupuncture treatments, therefore medical necessity of the additional acupuncture treatments had been established and the request was approved. The UR Physician noted the guidelines did not address the creatine and ALT lab work, and that there was no mention of NSAID use, nor was the tests medically necessary for treating multiple trunk injuries, therefore the requested laboratory diagnostic studies were denied. The injured worker was noted to have no red flags

documented regarding the low back pain, and no exceptional factors to consider the request for lumbar spine x-rays as an outlier to the guidelines, therefore medical necessity had not been established and the request for lumbar x-ray denied. The denied decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work- Creatine: 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: Creatinine

Decision rationale: The injured worker is being treated for chronic low back pain with sciatica. Lab work to include creatinine and A LT was requested to rule out side effects to the kidneys and liver. The cited reference indicates that creatinine is important in assessing renal function and the diagnosis of acute and chronic kidney disease. Although the injured worker has risk factors for kidney disease which include utilizing lisinopril and hypertension, there is no rationale which indicates a treatment intervention that requires evaluation of renal function or clinical presentation suggestive of impaired renal function that requires a current creatinine level. The request is therefore not medically necessary.

Lab Work-ALT: 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: alanine aminotransferase

Decision rationale: The injured worker is being treated for chronic low back pain with sciatica. Lab work to include creatinine and a LT was requested to rule out side effects to the kidneys and liver. The cited reference indicates that ALT levels are used to identify liver damage. Although the injured worker is at risk for liver damage by utilizing Lipitor for hypercholesterolemia, there is no rationale which indicates a current treatment intervention which requires evaluation of liver function a clinical presentation suggestive of liver damage. The request is therefore not medically necessary.

X-ray L-spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

Decision rationale: The injured worker is being treated for chronic low back pain with sciatica. Physical examination demonstrates evidence of pain with lumbar range of motion in all planes and a normal neurologic exam. There is a history of a herniated disc in 1993 without mention of surgical intervention. MTUS guidelines indicate that lumbar spine x-rays are not indicated unless red flags of serious spinal pathology is noted. The injured worker does not present with signs or symptoms of serious spinal pathology. The request is therefore not medically necessary.