

Case Number:	CM14-0182077		
Date Assigned:	11/06/2014	Date of Injury:	11/04/1997
Decision Date:	01/30/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/01/2014

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 Emergency 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:

The injured worker is a 70 year old female who sustained a work related injury November 4, 1997. According to the treating physician, the injured worker has a history of; hyperlipidemia, hypothyroidism and hyperparathyroidism, multi-nodular goiter, renal insufficiency, psychiatric disease, spondylitic neck changes, and chronic opiate use. According to the treating physicians report dated August 5, 2014, the injured worker presented for a follow-up of cervical spondylosis with chronic pain and dystonia of the left arm. The treating physician noted a PTH level quite high (not present in case file) and possibly from Lithium use. On physical examination the injured worker was in no acute distress. There were complaints of increased urinary frequency and urgency. There were no masses, bruits, or tenderness of the abdomen on palpation, and bowel sounds were normal. The muscle tone was decreased more on the left and slightly increased in the legs. Heel to shin testing was clumsy and she could not tandem walk or walk on the heels and toes. Gait and station were wide-based and not antalgic. Pinprick was intact and Romberg's sign was positive. Labs revealed an elevated PTH, normal TSH and T4, normal calcitonin and vitamin D, slightly high creatinine and fasting blood sugar, Lithium level was 0.7 and CBC not done(no lab reports are present in case file). Assessment included diagnoses of; cervical radiculopathy with chronic pain and left arm dystonia, drug seeking behaviors, BPD II secondary to industrial psyche injury, hyperparathyroidism and hypothyroidism secondary to Lithium (Li) use, PVD, and idiopathic severe ophthalmoplegia. A request for authorization dated September 29, 2014, requests a nephrology consultation and a kidney biopsy and documents a diagnosis of renal failure. Work status is documented as permanently disabled. According to utilization review performed October 7, 2014, there is no clear indication provided in the progress note of renal insufficiency or evidence of potential underlying malignancy that would warrant a renal biopsy. Biopsy might be considered if recommended by nephrology, after

consultation. Citing MTUS guidelines, the request for a kidney (renal) biopsy is non-certified. The reviewer did approve consultation with a nephrologist. Reviewer did contact the provider who noted that patient's creatinine was 1.8 with GFR(Glomerular Filtration Rate) of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kidney biopsy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Merck Manual Biopsy of the Kidneys, Bladder, and Prostate

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: <Fuiano G, Mazza G, Comi N, Caglioti A, De Nicola L, Iodice C, Andreucci M, Andreucci VE. Current indications for renal biopsy: a questionnaire-based survey. Am J Kidney Dis. 2000 Mar;35(3):448-57.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines is also silent on this issue. Review of medical literature states that renal biopsy should be done after assessment by a nephrologist and has to meet certain criteria such as ruling other common causes of kidney disease. The patient has yet to be assessed by a nephrologist and does not meet any criteria for renal biopsy. Kidney biopsy is not medically necessary.