

Case Number:	CM14-0189651		
Date Assigned:	12/24/2014	Date of Injury:	03/26/2011
Decision Date:	01/26/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 patient with a date of injury of 3/26/11. A utilization review determination dated 10/17/14 recommends modification of lab tests. 8/4/14 medical report identifies back and right hip pain with radiation down the right anterior thigh and right groin. He takes Norco, naproxen, Prilosec, LidoPro cream, and Zanaflex. On exam, there is limited ROM, tenderness, TA and EHL 5-/5 weakness on the right and positive FABER on the right. Blood work dated 5/12/14 is noted to show AST high at 43 and ALT is high at 90. Recommendations include therapeutic massage, medications, UDS, and "labs."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab tests DOS: 08/05/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

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: <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test/>

Decision rationale: Regarding the request for lab tests, CA MTUS does not specifically address the issue. A search of other online resources notes that a liver panel may be used to screen for

liver damage, especially if someone has a condition or is taking a drug that may affect the liver. Within the documentation available for review, it is noted that the patient is taking medications that may potentially affect the liver and prior testing demonstrated AST and ALT values above normal. As such, there is indication for repeating liver function testing periodically so that an appropriate treatment plan can be developed. However, the current request is generic rather than specific for liver function testing and, unfortunately, there is no provision for modification of the current request as was recommended by the utilization reviewer. In light of the above issues, the currently requested lab tests are not medically necessary.