

<b>Case Number:</b>	CM14-0195595		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Preventive 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:

According to the records made available for review, this is a 58-year-old male with a 1/13/03 date of injury. At the time (10/8/14) of request for authorization for 1 Lab serum AST and renal panel for monitoring of liver and kidney function, there is documentation of subjective (low back pain) and objective (wide-based gait, loss of lumbar lordosis, restricted lumbar range of motion, hypertonicity of the paravertebral muscles, muscle spasms, and tenderness to palpation over the spinous process) findings, current diagnoses (post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, knee pain, foot pain, and sacroiliac pain), and treatment to date (chiropractic treatments and medications (including Warfarin, Soma, and Hydrocodone/Acetaminophen). Medical reports identify labs performed on 5/16/14 including AST and ALT that were within normal limits and a kidney lab performed on 7/2/14 that was within normal limits. There is no documentation of a clearly stated rationale identifying why laboratory tests are needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lab serum AST and renal panel for monitoring of liver and kidney function:** 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: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, knee pain, foot pain, and sacroiliac pain. In addition, there is documentation of labs performed on 5/16/14 including AST and ALT that were within normal limits and a kidney lab performed on 7/2/14 that was within normal limits. However, despite documentation of a request for 1 Lab serum AST and renal panel for monitoring of liver and kidney function, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for 1 Lab serum AST and renal panel for monitoring of liver and kidney function is not medically necessary.