

Case Number:	CM14-0207730		
Date Assigned:	12/19/2014	Date of Injury:	01/26/2007
Decision Date:	02/10/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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 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:

This 41 year-old patient sustained an injury on 1/26/07 while employed by [REDACTED] and [REDACTED]. Request(s) under consideration include Comprehensive metabolic panel (CMP) labs. Diagnoses include Lumbago s/p right hemilaminectomy with facet cyst removal and post laminectomy listhesis at L4-5. Conservative care has included medications, therapy, lumbar epidural steroid injections, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 10/22/14 from the PA-C/provider noted the patient's condition remained stable and unchanged. Exam showed unchanged and stable condition with 5/5 motor strength, intact sensation, DTRs 2+ symmetrical, normal gait, normal hip exam, and mildly positive left SLR. Treatment included medication Norco and comprehensive metabolic testing for chronic use of narcotics. The request(s) for Comprehensive metabolic panel (CMP) labs was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel (CMP) labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring Page(s): 70.

Decision rationale: The request(s) for Comprehensive metabolic panel (CMP) labs was non-certified on 11/14/14. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2007 for this 41 year-old patient. The Comprehensive metabolic panel (CMP) labs are not medically necessary and appropriate.