

Case Number:	CM14-0091631		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2011
Decision Date:	01/22/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 30 year old man who sustained a work-related injury on September 8 2011. Subsequently, the patient developed a chronic low back and bilateral lower extremities pain. According to a progress report dated on April 29 2014, the patient was complaining of low back pain with a severity rated 7/10. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was diagnosed with lumbar spine degeneration, lumbar disc protrusion and lumbar neuroforaminal stenosis. The provider requested authorization for Chem 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: The patient file did not document any electrolytes abnormalities, liver or renal dysfunction that require Chem 8 testing. Therefore Chem 8 test is not medically necessary.