

Case Number:	CM15-0004936		
Date Assigned:	01/16/2015	Date of Injury:	07/20/2012
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50- year old male who sustained an industrial injury on July 20, 2012. Treatment to date has included a right and left L5-S1 transforaminal epidural steroid injections using fluoroscopy, pain medication, physical therapy, chiropractic therapy and routine monitoring. Currently, the IW complains of chronic pain in the neck, middle and lower back. Pain was rated a 9.5 on a scale of ten. The pain is brought on by bending, lifting, twisting, prolonged sitting, getting out of cars and chairs, straining, walking and lying flat. Diagnoses includes thoracic and lumbar sprains/strains, lumbar radiculopathy, sacral pain and lumbar disc herniation. Current treatment plan included pain medications, a urine drug screen and a comprehensive metabolic pain. The physician documented that the worker had some abnormalities on his liver enzymes six months prior. On December 19, 2014, the Utilization Review decision non-certified a complete metabolic panel, noting the documentation did not contain any documentation of risk factors or any medications that might support the need for this test. The ODG, Low Back-Lumbar & Thoracic: Pre-operative Lab Testing was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, comprehensive metabolic panel is medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observed/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this contact and not simply for screening purposes. The guidelines recommend periodic lab monitoring of the CBC in chemistry profile including liver function tests and renal function. There's been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the injured workers working diagnoses are thoracic sprain/strain; lumbar sprain/strain; lumbar radiculopathy; sacral pain; and lumbar disc herniation. Prior liver function tests from August 6, 2014 were drawn that showed elevation in the AST at 42 (range 10 - 35U/L) and ALT at 74 (9 - 46U/L). The guidelines recommend periodic lab monitoring of the CBC in chemistry profile including liver function tests and renal function. There's been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documentation indicates the injured worker's liver function tests were abnormal in August 2014 and consequently, repeat liver function and renal function tests are indicated (pursuant to the guidelines). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, comprehensive metabolic panel is medically necessary.