

Case Number:	CM15-0103980		
Date Assigned:	06/25/2015	Date of Injury:	12/11/2013
Decision Date:	08/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	05/30/2015

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: 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 55-year-old female who sustained an industrial injury on 12/11/2013. The injured worker was diagnosed with chronic lumbar sprain/strain, sciatica and chondromalacia at the patellofemoral joint left knee. Treatment to date has included diagnostic testing, physical therapy and medications. According to the physician's report on April 2, 2015, the injured worker continues to experience low back pain radiating to both lower extremities and bilateral feet associated with numbness and tingling of the toes. The injured worker reports the left side is worse than the right side. Evaluation noted a slight limp favoring the left leg at the knee. Examination of the lumbar spine demonstrated limited range of motion in all planes. Finger to toe flexion was approximately 8 inches from the ground. Heel to toe walk was normal. Motor strength, sensation and neurological examinations were within normal limits. Recumbent stretch test was positive. Femoral Stretch and Patrick's test were negative. The left knee showed no instability and normal range of motion with some tenderness at the margins of the left kneecap with positive pain on compression and positive patellar tap test. Current medications are listed as Ultram and Aleve. Treatment plan consists of a lumbar spine magnetic resonance imaging (MRI), laboratory blood work for Complete Blood Count (CBC), Complete Metabolic Panel (CMP) and liver function tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Magnetic resonance imaging (MRI).

Decision rationale: As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit. Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes normal neurological exam, and there are no red flags. Therefore, the request for MRI Lumbar spine is not medically necessary and appropriate.

Labs: CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

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

Decision rationale: MTUS Guidelines and Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has 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. As per progress notes in the Medical Records, the injured worker is taking Aleve. There is no information about the dose, frequency and how long the injured worker has been on this medicine. Based on the currently available medical information for review, there is insufficient evidence to determine the appropriateness of this test. No rationale for such test is submitted in the medical records; therefore, the request is not medically necessary and appropriate.

Labs: CMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

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

Decision rationale: MTUS Guidelines and Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has 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. As per progress notes in the Medical Records, the injured worker is taking Aleve. There is no information about the dose, frequency and how long the injured worker has been on this medicine. Based on the currently available medical information for review, there is insufficient evidence to determine the appropriateness of this test. No rationale for such test is submitted in the medical records; therefore, the request is not medically necessary and appropriate.

Labs: Liver function: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

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

Decision rationale: MTUS Guidelines and Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has 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. As per progress notes in the Medical Records, the injured worker is taking Aleve. There is no information about the dose, frequency and how long the injured worker has been on this medicine. Based on the currently available medical information for review, there is insufficient evidence to determine the appropriateness of this test. No rationale for such test is submitted in the medical records; therefore, the request is not medically necessary and appropriate.