

Case Number:	CM15-0105999		
Date Assigned:	06/10/2015	Date of Injury:	10/22/2010
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 41 year old, male who sustained a work related injury on 10/22/10. He was involved in a motor vehicle accident. The diagnoses have included left ankle fracture, closed head injury, depression, behavioral issues, and jaw surgery after facial fracture. Treatments have included speech therapy, physical therapy, occupational therapy, medications, psychological therapy, and use of a jaw splint. In the PR-2 dated 4/28/15, the injured worker is having issues with constipation. He is being seen for his depression and behavioral issues by another physician. He complains of facial pain. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver panel test Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/18516000.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to Date guidelines, liver panel.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The California MTUS does recommend checking metabolic panels and CBC after initiation of certain medications. Up-to Date guidelines indicate liver panels are indicated in the evaluation of potential liver diseases. There is no indication of liver disease or suspicion for liver disease or the need to monitor liver function due to medication in the provided clinical documentation. Therefore the request is not medically necessary.