

Case Number:	CM15-0141370		
Date Assigned:	07/31/2015	Date of Injury:	12/20/2011
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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 57 year old male, who sustained an industrial injury on 12-20-11. The diagnoses have included thoracic spondylosis without myelopathy. Treatment to date has included medications, diagnostics, and pain management, thoracic epidural steroid injection (ESI) and home exercise program (HEP). Currently, as per the physician progress note dated 6-8-15, the injured worker is for follow up post bilateral thoracic facet steroid injection on 5-4-15. He reports 40-50 percent relief with treatment and medications combined. He reports constant pain with spasms and intermittent sharp pain. The pain is rated 4 out of 10 on pain scale. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine. The current medications included Nucynta and Duexis. The objective findings reveal thoracic paraspinal muscle spasms, tenderness, bilateral thoracic facet tenderness and decreased range of motion. The physician notes that he also complains of migraine headaches. The physician requested treatment included a Liver & Renal Function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver & Renal Function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, liver function and renal function testing is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnosis is thoracic spondylosis without myelopathy. The date of injury is December 20, 2011. The request for authorization is dated June 9, 2015. According to a progress note dated June 8, 2015, subjective complaints indicate the injured worker presents for a follow-up status post bilateral facet intra-articular steroid injection on May 4, 2015 with 40 - 50% relief treatments and medications prescribed. The injured worker still complains of spasms and intermittent sharp pain. Pain scale is 4/10. Objectively, there is paraspinal muscle tenderness from T10 - T12 bilateral thoracic facet tenderness and decreased range of motion. On June 19 2015, there was a peer-to-peer conference initiated by the utilization provider. The treating provider requested liver function and renal function testing because the injured worker had not had his liver or renal function tested that in some time. The guidelines do not address liver and kidney function for opiate medications. The injured worker is not taking non-steroidal anti-inflammatory drugs. There is no clear-cut rationale based on guideline recommendations for liver function testing and renal function testing. Consequently, absent clinical documentation with a clinical indication and rationale for liver function and renal function testing, liver function and renal function testing is not medically necessary.