

Case Number:	CM15-0144969		
Date Assigned:	08/05/2015	Date of Injury:	03/17/2011
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 37-year-old female who sustained an industrial injury on March 17, 2011 resulting in low back pain, stiffness, and reduced range of motion, and knee pain. She was diagnosed with chronic pain syndrome, thoracic sprain and strain, thoracic and lumbosacral neuritis or radiculitis, and lumbago. Documented treatment has included physical therapy resulting in report of increased strength but continuation of intermittent low back pain, ice, and use of pain and muscle relaxant medications which provide temporary relief. The injured worker continues to report intermittent low back pain which is greater on the left side. The treating physician's plan of care includes a complete metabolic panel diagnostic test. She is working full duty without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Metabolic Panel x1: Overturned

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 metabolic panel, up-to date guidelines.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested service. The up-to date guidelines do indicate that metabolic panels can be used in evaluation of kidney and liver function and for monitoring the effect on these organ systems due to chronic medication use. The patient is on chronic medications that are processed both through the liver and kidney. Therefore the request is medically necessary.