

Case Number:	CM15-0169003		
Date Assigned:	09/09/2015	Date of Injury:	04/14/2008
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 4-14-08. The injured worker was diagnosed as having shoulder joint pain, lower leg pain, lumbago, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy and post laminectomy syndrome. Treatment to date has included oral medications including Oxycodone, Norco, Lyrica, Nucynta, Prozac, Trazodone, Flexeril, Tryptophan and Melatonin; aqua therapy, massage therapy, transcutaneous electrical nerve stimulation (TENS) unit, lumbar epidural steroid injections and home exercise program. On 6-22-15 and 7-20-15, the injured worker reports continued benefit with use of Nucynta ER and since discontinuing Norco his chronic pain has been more stabilized with less gastrointestinal side effects. He rates the pain as 5-7 out of 10 with use of medications. He notes good benefit with Trazodone for insomnia, which allows him to fall asleep, stay asleep and awaken well rested. The covered body parts are noted to be right knee, left shoulder and lower back. Disability status is noted to be permanent and stationary. Physical exam performed on 6-22-15 and 7-20-15 revealed slow ambulation with a cane, difficulty with transfers, decreased range of motion due to back pain and bilateral back tenderness. The treatment plan on 7-20-15 included refilling of medications and a request for authorization for open (MRI) magnetic resonance imaging. A request for authorization was submitted on 8-10-15 for BUN and creatinine to be performed before (MRI) magnetic resonance imaging. On 8-11-15 utilization review denied laboratory tests creatinine and BUN prior to (MRI) magnetic resonance imaging due to lack of documentation confirming (MRI) magnetic resonance imaging was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creatine BUN Blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/300_/0369.html Article "Laboratory safety monitoring of chronic medications in ambulatory care setting".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Manual on Contrast Media Version 10.1, 2015.

Decision rationale: The claimant sustained a work injury in April 2008 and is being treated for shoulder and low back pain with lower extremity pain including a diagnosis of post-laminectomy syndrome. When seen, his BMI was 32. He was uncomfortable appearing. There was decreased upper extremity and lower extremity strength and decreased lower extremity sensation. There was lumbar tenderness with decreased range of motion. He had an antalgic gait with use of a cane. Straight leg raising was positive bilaterally. An MRI of the lumbar spine was requested and was authorized. Lab testing prior to administration of contrast was requested. A baseline serum creatinine, with or without glomerular filtration rate, should be available or obtained before the injection of contrast medium in all patients considered at risk for contrast induced nephropathy. Risk factors include age over 60, a history of renal disease, diabetes, hypertension, multiple myeloma, history of organ transplant, or severe hepatic disease. Obtaining a serum BUN level is not considered medically necessary.