

Case Number:	CM15-0181116		
Date Assigned:	09/22/2015	Date of Injury:	06/01/2010
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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 54 year old male, who sustained an industrial injury on 06-01-2010. He has reported subsequent low back, bilateral knee and hip pain and was diagnosed with degenerative disc disease of the lumbar spine, chronic right knee pain with evidence of right medial meniscus tear status post right knee arthroscopic meniscectomy, synovectomy and chondroplasty, gout and insomnia. X-ray of the right hip showed mild degenerative changes with spurring and joint space narrowing. MRI of the lumbar spine on 11-09-2012 showed advanced lumbar degenerative changes most notable at L4-S1 and severe bilateral foraminal narrowing from L4-S1. Work status was documented as permanent and stationary with restrictions. Treatment to date has included pain medication, physical therapy, aquatic therapy, transcutaneous electrical nerve simulator (TENS) unit and a home exercise program, which were noted to have failed to significantly relieve the pain. In a progress note dated 08-11-2015, the injured worker reported low back and bilateral knee pain that was rated as 5 out of 10 with medications and 7 out of 10 without medications. Blood pressure was documented as 126 over 76. Objective examination findings were notable for restricted range of motion of the lumbar spine, right hip and right knee due to pain, spinous process tenderness at L3-L5, positive lumbar facet loading test on the right side, tenderness over the posterior iliac spine on the right side, tenderness over the sacroiliac joint and trochanter, crepitus of the right knee with active movement, tenderness to palpation over the lateral joint line, medial joint line and patella and decreased motor strength of the right hip and knee. Cardiovascular examination revealed no evidence of edema. The physician noted that the injured worker had an elevated blood pressure

and was asymptomatic but was advised to follow up with the family doctor for a blood pressure recheck. The physician noted that blood work for liver and kidney function would be ordered to rule out potential end organ damage secondary to medications. Current medications listed during this visit included Colace and Norco. A request for authorization of 1 BUN, creatinine, hepatic function panel was submitted. As per the 08-18-2015 utilization review, the request for 1 BUN, creatinine, hepatic function panel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BUN/creatinine, hepatic function panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one BUN/creatinine and hepatic function panel 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 diagnoses are low back pain; hip pain; knee pain; and pain in joint lower leg. Date of injury is June 1, 2010. Request for authorization is August 11, 2015. According to an August 11, 2015 progress note, the injured worker's subjective complaints include low back pain and bilateral knee pain 5/10. Medications include Colace, Norco and occasional Pennsaid. The documentation does not include an oral nonsteroidal anti-inflammatory drug. There are no reported side effects in the documentation. There is no clinical indication for renal function testing or liver function testing. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no reported side effects from medications and no documentation of nonsteroidal anti-inflammatory drug use, one BUN/creatinine and hepatic function panel is not medically necessary.