

Case Number:	CM15-0183841		
Date Assigned:	09/24/2015	Date of Injury:	05/29/2001
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury May 29, 2001. Past history included fractured neck of femur, status post total right hip replacement March 19, 2003. According to a primary treating physician's progress report dated August 4, 2015, the injured worker missed her last follow-up appointment and initial pain management evaluation as she reports not having enough money for transportation. She also reported she has run out of all her medication and her pain has increased significantly over the last two months. She complains of low back pain which radiates into her legs, greater on the right, and now spreads up her back and right hip pain. Current medication included Norco, Zanaflex, and Neurontin. She rated her pain 5 out of 10 with medication and 9 out of 10 without medication. With medication her ability to sit, stand, and walking has increased. Objective findings included; ambulates with a slow antalgic gait favoring her right lower extremity; tenderness over the lumbosacral spine and posterior lumbar paraspinal musculature, where moderate muscle spasms and trigger points were noted; positive twitch response and referred pain with palpation; lumbar spine active range of motion flexion 15 degrees, extension 5 degrees, and lateral bending 5 degrees bilaterally; tenderness over the anterior aspect of the right hip; straight leg raise positive on the right. Diagnoses are lumbar intervertebral disc disease; chronic myofascial pain syndrome. Treatment plan included discussion of previously non-certified medications, recommendation for extension for pain management evaluation and recommendation for trigger point injections to the bilateral para lumbar muscles and right gluteal musculature, review of opioid treatment agreement with injured workers signature, and follow-up in a month. At issue, is a request for authorization, dated August 4, 2015 for Lab studies; evaluate internal organ function. According to utilization review dated August 21, 2015, the request for Lab Studies: Evaluate Internal Organ Function is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab studies: Evaluate internal organ function: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2001. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Lab studies: Evaluate internal organ function is not medically necessary and appropriate.