MAXIMUS Federal Services

Case Number:	CM15-0198749		
Date Assigned:	10/14/2015	Date of Injury:	04/20/2000
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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:

This 57 year old man sustained an industrial injury on 4-20-2000. Diagnoses include lumbar radiculopathy and post-lumbar laminectomy syndrome. Treatment has included oral medications including Lyrica, Oxycontin, and Norco, Botox injections, and use of a lumbar corset. Physician notes on a PR-2 dated 7-28-2015 show complaints of unchanged low backache and headache. The worker rates his pain 9 out of 10 without medications and 6 out of 10 with medications. The physical examination shows a right side antalgic gait and tenderness to palpation of the paravertebral muscles with spasms, tight muscle bands, and trigger points. Weakness is noted to the extensor longus halluces and ankle dorsi flexor on the right noted to be 3 out of 5, right ankle plantar flexor noted to be 4 out of 5, right knee extensor and knee flexor as well as the hip flexor noted to be 3 out of 5, and the quadriceps femoris is noted to be 4 out of 5. Sensation is decreased to light touch and pin prick on the right lower extremity. Recommendations include Norco, Oxycontin, Lyrica, lumbar brace, continue psychiatric care, and laboratory testing including liver and kidney function. Utilization Review denied requests for laboratory testing including Bun, creatinine, and hepatic testing on 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUN/Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, www.guideline.gov/content.aspx?id=39268&search=laboratory+analysis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Renal function.

Decision rationale: A biomarker is a characteristic that is objectively measured and evaluated as an indicator of normal biological or pathogenic processes, or pharmacologic responses to a therapeutic intervention. At present, serum creatinine and blood urea nitrogen (BUN) are used to measure the glomerular filtration rate (GFR), and overall renal function. In this case there is no documentation of previous renal function testing and no specific indication for the requested laboratory tests. Medical necessity for the requested tests is not established. The requested tests are not medically necessary.

Hepatic Function Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, www.guideline.gov/content.aspx?id=39268&search=laboratory+analysis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Liver Function Tests.

Decision rationale: Liver function tests (LFTs or LFs) are groups of blood tests that give information about the state of a patient's liver. These tests include prothrombin time (PT/INR), a PTT, albumin, bilirubin (direct and indirect), and others. Liver transaminases (AST or SGOT and ALT or SGPT) are useful biomarkers of liver injury in a patient with some degree of intact liver function. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. In this case there is no documentation of previous hepatic function testing and no specific indication for the requested laboratory test. Medical necessity for the requested test is not established. The requested test is not medically necessary.