

Case Number:	CM15-0024324		
Date Assigned:	02/13/2015	Date of Injury:	10/19/2008
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 51 year old female, who sustained an industrial injury on 10/19/2008. She has reported pain in the low back, right knee, and neck. The diagnoses have included lumbar degenerative disc disease; lumbar facet syndrome; right knee pain; low back pain; and cervical and lumbar radiculopathy. Treatment to date has included medications, physical therapy, and home exercise program. Medications have included Flexeril, Dilaudid, and Imitrex. Currently, the injured worker complains of neck pain and lower back pain; pain is rated at 5/10 on the visual analog scale with medications, and 8/10 without medications; and sleep quality is poor. A progress report from the treating physician, dated 12/19/2014, included objective findings consisting of cervical spine range of motion is restricted with pain; tenderness upon palpation of the cervical spine with positive facet loading; restricted lumbar range of motion; tenderness over the paravertebral muscles and posterior iliac spine; and tenderness over the medial joint line of the right knee. The treatment plan included requests for additional sessions of physical therapy; and laboratory studies including liver and kidney function tests. On 01/08/2015 Utilization Review non-certified a prescription for BUN/creatinine and hepatic function panel. The CA MTUS Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of BUN/creatinine and hepatic function panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUN/creatinine and hepatic function panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Medical Services Commission. Abnormal liver chemistry - evaluation and interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug 1. 5p [14 references], Evaluation of Hepatic Function

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and low back pain. In this case, there are no clinical findings that would suggest any adverse effect from the medications being prescribed or those that were prescribed when seen by the requesting provider. Therefore the requested lab testing was not medically necessary.