

Case Number:	CM15-0024708		
Date Assigned:	02/17/2015	Date of Injury:	05/03/2013
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury reported on 5/3/2013. She has reported back, bilateral knees and left ankle pain, along with abdominal pain (on 9/30/14, 8/19/14, 9/30/14). The diagnoses were noted to have included cervical and lumbar spine sprain with disc protrusions, without myelopathy, and with radiculopathy; and bilateral knee internal derangement with tri-compartmental osteoarthritis. Treatments to date have included consultations; diagnostic imaging studies; diagnostic urine studies; caudal epidural steroid injection and knee joint injection therapy, with myelogram contrast dye injection for epidurogram/interpretation (7/31/14); therapeutic epidural with percutaneous epidural decompression neuroplasty of the cervical nerve root for analgesia with epidurogram - myelogram (8/6/14); tripper point impedance imaging (9/24/14, 10/1/14, 10/8/14, 10/15/14, 10/30/14, 10/22/14); physical therapy sessions; bracing; activity modifications; and medication management that. The work status classification for this injured worker (IW) was not noted. The PR-2, dated 7/16/2014, notes a history of hypertension, increased cholesterol, allergies, status-post hysterectomy (1987) and stomach surgery (1992). On 1/14/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/7/2015, for lab work consisting of blood urea nitrogen (BUN) and creatinine series, for the stated purpose of pre-magnetic resonance arthrogram (MRA) of the bilateral knees, because of the patients age. The denial was stated to be due to a lack of documentation for the rationale. The Official Disability Guidelines, treatment index, low back, pre-operative laboratory testing and chronic diseases, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work: BUN/Creatinine series: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Lab Testing Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date guidelines, arthrogram

Decision rationale: The California MTUS, ACOEM and the ODG do not specifically address the requested services. Per the Up to Date Guidelines, the following lab tests are indicated for specific conditions. When dye is used in a radiologic procedure, it is common to perform a BUN/creatinine prior to ensure proper renal function in patients at risk for renal insufficiency. This patient is at risk and thus the labs are medically warranted and the request is certified.