MAXIMUS Federal Services

Case Number:	CM15-0025980		
Date Assigned:	02/24/2015	Date of Injury:	10/21/2011
Decision Date:	04/22/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, California
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:

This is a 45 year old female patient, who sustained an industrial injury on 10/21/2011. The current diagnose include lumbar disc herniation, chronic lumbar strain, and lumbar neuritis. She sustained the injury while lifting boxes. According to the progress report dated 1/12/2015, she had complains of constant more than moderate to less than severe pain within the lumbar region with radiation into the lower kinetic chain. The physical examination of the lumbar spine revealed positive straight leg raising test on the left side, limited range of motion, myospasm and antalgic gait. The current medication list is not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided. The treating physician reported requesting authorization for spinal manipulation with electro-muscle stimulation, myofascial release, and mechanical traction, augmented with conditioning / functional restoration, physician pharmacological management, periodic / random urinalysis testing to confirm medication treatment and complete metabolic profile to monitor liver and kidney status, and lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel 3x over 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm and http://emedicinehealth.com/comprehensive_panel-health/article_em.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Per the cited guidelines regarding routine blood tests "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The cited guidelines recommended lab tests within 4 to 8 weeks after starting therapy. The current medication list is not specified in the records provided. Whether the patient is taking any NSAID or not is not specified in the records provided. Previous lab reports were not specified in the records provided. The rationale for frequent repeat CMP (complete metabolic panel) tests every 2 months, is not specified in the records provided. Evidence of co-morbid conditions like diabetes or hypertension is not specified in the records provided. The medical necessity of Comprehensive Metabolic Panel 3x over 6 months is not fully established for this patient. Therefore, the treatment is not medically necessary.

Consultation with Pain Management 1x per month for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Pain Chapter, Office visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request- Consultation with Pain Management 1x per month for 2 months. MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. Evidence of presence of psychosocial factors is not specified in the records provided. Previous diagnostic study reports with significant abnormal findings are not specified in the records provided. Response to previous conservative therapy including pharmacotherapy or physical therapy is not specified in the records provided. The medical necessity of Consultation with Pain Management 1x per month for 2 months is not fully established for this patient at this juncture. Therefore, the treatment is not medically necessary.