MAXIMUS Federal Services

Case Number:	CM15-0027466		
Date Assigned:	02/19/2015	Date of Injury:	12/11/2007
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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 57 year old male, who sustained an industrial injury on 12/11/07. The injured worker has complaints of chronic lumbar and left lower extremity pain. The documentation noted that the location of his pain is midline lumbosacral region with radiation into the left posterior buttock and hamstring and is characterized as being achy. He has paresthesias circumferentially in the bilateral ankles and feet with numbness involving the toes. The diagnoses have included degenerative lumbar-lumbosacral intervertebral disc and lumbago. The documentation on 1/16/15 noted that physical therapy and Norco had been denied by workers compensation. The injured workers calculated body mass index (BMI) is above the top of the normal range for his age and a follow up plan for weight loss was documented. He utilizes braces and orthopedic shoes. Recommendations were made for laboratory studies to assess liver and kidney functions and needs ongoing care regarding his feet and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Podiatrist: 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), Ankle and Foot chapter - Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: According to the 01/16/2015 report, this patient presents with "Paresthesias circumferentially in the bilateral ankles and feet with numbness involving the toes." The current request is for Referral to Podiatrist that is "closer to where he lives here in [redacted]." The request for authorization is on 01/19/2015 and the patient's work status was not included in the file for review. The ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including a Podiatrist that is near the patient's resident is required. The request IS medically necessary.

Lab work NSAID Panel (CMP, UA, ESR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: According to the 01/16/2015 report, this patient presents with "Paresthesias circumferentially in the bilateral ankles and feet with numbness involving the toes." The current request is for Lab work NSAID Panel (CMP, UA, ESR) "to assess liver and kidney functions." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and 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 provided medical reports indicate the patient's current medication includes Celebrex. In this case, the treating physician has prescribed NSAIDs and MTUS supports CBC lab monitoring, chemistry profile and kidney/renal function testing for patient that are taking NSAIDs, and other lab tests are not supported by MTUS. Therefore, the request for CMP, UA, ESR ARE NOT medically necessary.