

Case Number:	CM15-0212752		
Date Assigned:	11/02/2015	Date of Injury:	08/02/2001
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/29/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 54 year old male with a date of injury of August 2, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for post laminectomy back pain and neuropathic pain. Medical records dated July 1, 2015 indicate that the injured worker complained of aching discomfort in the lumbosacral region with a burning sensation in both lower extremities. A progress note dated September 24, 2015 documented complaints of chronic pain in the low back with radiation into both lower extremities, and burning dysesthetic sensations below the bilateral knees. Per the treating physician (August 26, 2015), the employee was disabled in the automotive assembly field. Records also indicate that the pain was rated at a level of 7 to 8 out of 10 and 3 out of 10 with medications. The physical exam dated July 1, 2015 reveals limitation of range of motion of the lumbar spine, weakness of dorsiflexion of the right foot, sensory blunting over the right L5 dermatome, and weakness of dorsiflexion of the left foot. Treatment has included medications (Norco and Gabapentin), lumbar epidural steroid injection, and lumbar spine fusion, exercise, and trigger point injections. There were no laboratory reports documented in the submitted medical records. The utilization review (October 26, 2015) non-certified a request for a basic metabolic panel and liver panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/18516000>Korean J Gastroenterol 2008 Apr 51(4) 219-24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Preoperative medical evaluation of the healthy patient.

Decision rationale: Basic metabolic panel is a blood test that measures renal function, blood glucose, and electrolytes. Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). The frequency of glucose abnormalities increases with age; almost 25 percent of patients over age 60 had an abnormal value in one report. In this case there is no documentation that the patient is at risk for renal disease or diabetes. Medical necessity has not been established. The request is not medically necessary.

Liver panel (Lab work): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/18516000>Korean J Gastroenterol 2008 Apr 51(4) 219-24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Approach to the patient with abnormal liver biochemical and function tests.

Decision rationale: Blood tests commonly obtained to evaluate the health of the liver include liver enzyme levels, tests of hepatic synthetic function, and the serum bilirubin level. Elevations of liver enzymes often reflect damage to the liver or biliary obstruction, whereas an abnormal serum albumin or prothrombin time may be seen in the setting of impaired hepatic synthetic function. The serum bilirubin in part measures the liver's ability to detoxify metabolites and transport organic anions into bile. Liver enzymes that are commonly measured in the serum include serum aminotransferases: alanine aminotransferase (ALT, formerly called SGPT), aspartate aminotransferase (AST, formerly called SGOT), alkaline phosphatase, gamma-glutamyl transpeptidase (GGT), 5'-nucleotidase, and lactate dehydrogenase (LDH). In this case there is no documentation that the patient is at risk of developing hepatobiliary disease. Medical necessity has not been established. The request is not medically necessary.