

Case Number:	CM15-0219300		
Date Assigned:	11/12/2015	Date of Injury:	12/08/2008
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 12-8-2008. Treatments to date include activity modification, medication therapy, psychotherapy, and physical therapy. On 6-3-15, he complained of ongoing low back pain with radiation to bilateral lower extremities. He complained of anxiety, depression, stress, and insomnia. There was report of irregular bowel movements and constipation. The physical examination documented positive straight leg raise tests. The treating diagnosis included right lower extremity radiculopathy, chronic pain, neuropathic pain, liver disease possibly secondary to medication usage, gastropathy, gastroesophageal reflux disease, irritable bowel syndrome. At re-evaluation on 9-30-15, the subjective and objective data was unchanged. There was normal bowel movements reported with Colace use. There was a urine drug screen completed in August 2015 noted to be appropriate with treatment. The plan of care included ongoing medication management. The appeal requested authorization for a basic metabolic panel, ESR, CRP, Vitamin D, and Vitamin B12. The Utilization Review dated 10-22-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic Metabolic Panel, ESR, CRP, Vitamin D, Vitamin B12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

Decision rationale: The MTUS guidelines and ODG do not address the use of metabolic panels. Per the available documentation a comprehensive metabolic panel is a blood test that measures sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function. In this case, the treating diagnosis included liver disease possibly secondary to medication usage. There is no rationale in the available documentation for the request of the requested laboratory tests. There is no evidence of a prior metabolic panel to determine if this request is necessary. The request for basic metabolic panel, ESR, CRP, Vitamin D, Vitamin B12 is not medically necessary.