

Case Number:	CM15-0032490		
Date Assigned:	02/25/2015	Date of Injury:	12/04/2012
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old male, who sustained an industrial injury on December 4, 2012. The diagnoses have included chronic right sided body pain with secondary worsening of chronic depression and anxiety and chronic post-concussion syndrome. Treatment to date has included Magnetic resonance imaging of brain, computed tomography scan of head. Currently, the injured worker complains right sided body pain. In a progress note dated January 28, 2015, the treating provider reports no abnormalities in the exam was documented. On February 13, 2015 Utilization Review non-certified a liver panel, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver panel lab test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Testing Page(s): 70.

Decision rationale: A review of the attached medical record indicates that the injured employee has had a history of elevated liver enzymes documented in the note dated October 1, 2014. However since that date sertraline has been discontinued and a note dated February 23, 2015 indicates that liver function testing will no longer be necessary. As such, this request for liver panel lab test is not medically necessary.