

Case Number:	CM15-0053416		
Date Assigned:	03/26/2015	Date of Injury:	05/05/2011
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury on May 5, 2011. The injured worker was diagnosed with lumbar spondylosis, right sciatica, L2-3 spondylolisthesis, grade I and lumbar degenerative disc disease L2-L4 with stenosis. According to the primary treating physician's progress report on February 9, 2015, the injured worker continues to experience lower back and right sciatic leg pain. Examination of the lumbar spine demonstrated decreased range of motion with bilateral low back pain with straight leg raise. There is decreased sensation in the right anterior knee in the L3 distribution and weakness of the right quadriceps. Motor and deep tendon reflexes are intact. Current medication noted is Tramadol. Treatment plan consists of lumbar epidural steroid injection (ESI) if approved, urine drug screening and the request for authorization for blood work (Complete Metabolic Panel (CMP)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel (times 3 in 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013 (pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, comprehensive metabolic panel times three in six months is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker working diagnoses are lumbar spondylosis, right sciatica, L2 - L3 spondylolisthesis; and lumbar degenerative disc disease L2 - L3 with stenosis. The utilization review physician initiated a peer-to-peer call with the treating physician. The outcome determined an error in ordering three comprehensive metabolic panels in six months. The intent was to order one metabolic panel in six months to check renal and liver function testing. Consequently, absent clinical documentation with the correct order for one comprehensive metabolic panel in six months, comprehensive metabolic panel times three in six months is not medically necessary.