

Case Number:	CM15-0058974		
Date Assigned:	04/03/2015	Date of Injury:	12/10/2001
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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:

This 47 year old male sustained an industrial injury to the low back on 12/10/01. Previous treatment included magnetic resonance imaging, lumbar fusion times three with subsequent hardware removal, physical therapy, percutaneous electrical stimulation, selective nerve block and medications. In a PR-2 dated 2/4/15, the injured worker complained of constant low back pain, rated 5/10 on the visual analog scale, with radiation to bilateral lower extremities associated with numbness and tingling. The injured worker also complained of anxiety, stress and insomnia. Physical exam was remarkable for lumbar spine with positive Kemp's test and positive straight leg raise test bilaterally and decreased sensation at the L4 and L5 distribution. Current diagnoses included severe neural foraminal stenosis, facet hypertrophy, chronic low back pain, chronic pain syndrome, depression, partial ossification of the right ligamentum flavum, bilateral lumbar facet arthritis and bilateral lower extremity radiculopathy. The treatment plan included increasing the dosage of Lyrica and Cymbalta, refilling medications (MS Contin, Norco, Zanaflex and Senna), obtaining a urine drug test and obtaining a comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthCentral.com at <http://www.healthcentral.com/ency/408/003468.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>).

Decision rationale: Regarding the request for CMP, California MTUS and ODG do not address the issue. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. Within the documentation available for review, the provider notes that this is for baseline testing. Although it is advisable to monitor renal and liver function while on chronic pain medications, the CMP test also involves other tests such as electrolytes. For these tests, it is uncertain why this is medically necessary. Therefore, there is no clear indication for baseline testing. In light of the above issues, the currently requested CMP is not medically necessary.