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| Case Number: | CM15-0087714 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 08/16/2012 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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:

The injured worker is a 48 year old male, who sustained an industrial injury on August 16, 2012. He reported low back pain and right hip pain. The injured worker was diagnosed as having other, post-operative infections, intractable lumbar pain, lumbar radiculopathy, history of right hip arthroplasty with subsequent infection, depression and anxiety. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right hip, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued residual right hip pain, low back pain worsened with activity and mild stomach irritation with use of pain medications. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 13, 2015, revealed a clean, dry hip surgical wound with no further sign of infection. Evaluation on March 16, 2015, revealed continued low back pain and residual right hip pain. 1 CBC, Chem 7 panel and liver function test was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CBC, Chem 7 panel and Liver Function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient UpToDate: Approach to the patient with abnormal liver biochemical and function tests.

Decision rationale: Complete blood count is a blood test that gives information on hemoglobin, white blood cells, and platelets. Anemia is present in approximately 1 percent of asymptomatic patients. The frequency of significant unsuspected white blood cell or platelet abnormalities is low. Chem 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. Abnormal liver biochemical and function tests are frequently detected in asymptomatic patients since many screening blood test panels routinely include them [1]. A population-based survey in the United States conducted between 1999 and 2002 estimated that an abnormal alanine aminotransferase (ALT) was present in 8.9 percent of respondents. Although the term "liver function tests" (LFTs) is used commonly, it is imprecise since many of the tests reflecting the health of the liver are not direct measures of its function. Furthermore, the commonly used liver biochemical tests may be abnormal even in patients with a healthy liver. 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. In this case documentation in the medical record does not support that the patient has symptoms of anemia, renal disease, electrolyte abnormality, or liver disease. There is no medical indication for the laboratory tests. The request is not medically necessary.