

Case Number:	CM14-0110614		
Date Assigned:	08/13/2014	Date of Injury:	06/26/2000
Decision Date:	09/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who was injured on June 26, 2000. The patient continued to experience pain in the low lumbar region. Physical examination was notable for decreased sensation to the right L5-S1, muscle spasm in the lumbar muscles, and positive right straight leg raise. Diagnoses included status post lumbar fusion L4-5 and L5-S1 and small disc herniation at L3-4 with mild central canal stenosis. Treatment included trigger point injections, medications, chiropractic tehrpah. and surgery. Requests for authorization for immunoassay enzyme assay and creatinine were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immunoassay enzyme assay (DOS 5/29/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.enotes.com/enzyme-immunoassay.

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:Enotes.com : What are the different types of immunoassays?.

Decision rationale: Immunoassays are biomedical diagnostic tests that help to detect the presence of macromolecules such as proteins, hormones, etc. (and even measure their quantity)

in a sample of biochemical interest by making use of the specific antibody-antigen binding reaction. The antigen(s) to be quantified are called analyte(s). Best immunoassays are those that are highly sensitive to their specific analytes. Immunoassays can be used to detect infectious and autoimmune diseases. Enzyme Immunoassays (EIA) are immunoassays that make use of certain enzymes. They are also called as Enzyme-linked immunosorbent assays, popularly called as ELISA. The request for immunoassay enzyme assay is not supported by documentation in the medical record. Indications to rule out a specific disease process that by immunoassay are not present. The request should not be authorized.

Creatinine (DOS 5/29/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: UpToDate: Assessment of kidney function.

Decision rationale: Creatinine is derived from the metabolism of creatine in skeletal muscle and from dietary meat intake. It is released into the circulation at a relatively constant rate. Creatinine is freely filtered across the glomerulus and is neither reabsorbed nor metabolized by the kidney. However, approximately 10 to 40 percent of urinary creatinine is derived from tubular secretion by the organic cation secretory pathways in the proximal tubule. Thus, if GFR, creatinine secretion by the renal tubules, creatine intake (ie, diet), and the creatinine pool size (ie, muscle mass) all remain constant, then the plasma creatinine concentration should remain constant. Serum creatinine can be used to estimate GFR in individuals with stable kidney function. In this case there is no indication that the patient is suffering from kidney disease. Medical necessity has not been established. The request should not be authorized.