

Case Number:	CM14-0116662		
Date Assigned:	09/16/2014	Date of Injury:	08/03/2013
Decision Date:	11/13/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker (IW) is a 36-year-old man who reported an industrial injury August 13, 2013 after a motor vehicle accident (MVA). Pursuant to the progress note dated July 2, 2014, the IW current complains of low back pain that radiates to the lower extremities to the level of the thighs and up the neck with associated numbness involving the buttocks. The symptoms increase with twisting, stooping, bending, pushing, and pulling. Diagnoses include: Status-post MVA on August 3, 2013 and acute lumbosacral sprain/strain secondary to MVA with industrial aggravation of multilevel lumbar degeneration disc disease. There are no medications, doses or frequency noted in the medical record. Reviews of systems were negative. The IW denies alcohol use. Lumbar MRI on August 4, 2013 revealed L2-S1 disc bulges with small 2 mm protrusion at L3-L4. Treatment has included medications, physical therapy, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work; liver panel: 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 Lab Tests Online: Liver Panel <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>

Decision rationale: There are no recommendations regarding liver function studies in the ACOEM, the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines. In this case, the injured worker is a 36-year-old involved in a motor vehicle accident. Diagnoses from orthopedic evaluation on July 2, 2014 were status post-industrial motor vehicle accident August 3, 2013 and acute lumbosacral sprain/strain secondary to MVA with industrial aggravation of multilevel lumbar degenerative disc disease confirmed her MRI study August 4, 2013. A review of the medical record showed the injured worker is not taking any medications, denied alcohol use and had a normal review of systems. The injured worker admits to a weight problem. The medical record does not document medication, dose or frequency. Additionally, there are no symptoms or physical findings of liver dysfunction. Consequently, there is no indication for liver function testing (blood tests). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the liver panel is not medically necessary.