

Case Number:	CM14-0147521		
Date Assigned:	09/15/2014	Date of Injury:	04/10/2007
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Texas. 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 is a 45-year-old female who reported an injury on 04/10/2007, while delivering auto parts. The current diagnoses include post laminectomy syndrome, lumbar disc syndrome, lumbar radiculitis, muscle spasm, myofascial pain syndrome, and chronic pain syndrome. Previous conservative treatment is noted to include medications, physical therapy, epidural injections, chiropractic treatment, and trigger point injections. The injured worker is also status post L4-S1 fusion in 2011. The current medication regimen includes Norco and Lyrica. The injured worker was evaluated on 07/01/2014 with complaints of persistent pain with radiation into the lower extremities. Physical examination revealed limited lumbar range of motion, paraspinal muscle tenderness, positive facet loading maneuver, intact sensation, and normal motor strength in the bilateral lower extremities. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (Blood work): 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, Criteria for Preoperative lab testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDS and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. As per the documentation submitted, the injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested laboratory testing has not been established. The specific type of laboratory tests was not listed in the request. As such, the request is not medically appropriate.