MAXIMUS Federal Services

Case Number:	CM14-0183020		
Date Assigned:	11/07/2014	Date of Injury:	06/26/2008
Decision Date:	12/16/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Virginia and 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 46-year-old female who reported an injury on 06/26/2008. The mechanism of injury was not provided. Her diagnoses included status post anterior cervical discectomy and fusion, neck pain with cervical radiculopathy, and low back pain with lumbar radiculopathy. Her past treatments included medications, acupuncture, Botox, gym memberships, and a home health aide times 1 week in 01/2013. Pertinent diagnostics included magnetic resonance imaging of the cervical spine on 12/05/2012 with findings of a cervical fusion from C4-C7 present with adequate decompression of the thecal sac and foramen, at the C3-C-4 disc space above the fusion the disc space was desiccated. There was a 3-4mm, left greater than right broad-based bridging osteophyte and hypertrophic change of unconvertebral joint contributing to a moderate to severe left and there was minimal right foraminal stenosis. Her surgical history included an anterior cervical discectomy and fusion at C4 through C7 on 10/05/2010. A primary treating physician's progress report dated 09/15/2014 indicated that the injured worker complained of pain in the neck and low back, as well as numbness in the right hand, the last 3 fingers of the left hand, and the right foot. An examination of the neck indicated pain with range of motion. Motor strength was intact in the bilateral upper extremities except for the right fifth finger at 5/5. Sensation was decreased in the right upper extremity. There was hyperreflexia in the bilateral upper extremities. Her current medication regimen includes melatonin, Mobic, Lidoderm patches, Nexium, baclofen, and Nucynta since at least 11/10/2014. The treatment plan included a request for magnetic resonance imaging of the cervical spine with and without contrast, a basic metabolic panel/BUN and creatinine, and a follow-up after the procedure. The rationale for the request was to have lab work done prior to magnetic resonance imaging of the cervical spine. A Request for Authorization was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: BMP/BUN and Creatinine: 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: www.labsonline.org

Decision rationale: The request for Labs: BMP/BUN and Creatinine is not medically necessary. The injured worker has neck pain with right hand numbness, and low back pain with right foot numbness. The labs were requested for pre-evaluation of cervical magnetic resonance imaging with and without contrast. The cervical magnetic resonance imaging was not approved, and according to the examination note on 09/15/2014, the rationale for the labs was pre-evaluation for magnetic resonance imaging. Additionally, the requested labs are used to suggest or rule out impaired kidney function. The clinical documentation submitted did not provide evidence that the injured worker had any impaired kidney function. As such, the request for a basic metabolic panel/blood urea nitrogen and Creatinine is not medically necessary.