

Case Number:	CM14-0094445		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2012
Decision Date:	10/20/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain 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 42 year old female who reported an injury to her low back. The injured worker stated the initial injury occurred on 07/24/12 secondary to repeated lifting of heavy objects. The clinical note dated 04/15/14 indicates the injured worker complaining of low back pain radiating into the lower extremities. The injured worker described a pins and needles sensation in the low back. The injured worker rated the pain as 5/10. Numbness and tingling were identified in the right foot. There is an indication the injured worker has completed 13 acupuncture, 10 chiropractic manipulation, and a home exercise program. Strength deficits are identified at the tibialis anterior and the plantar flexors on the left. The note indicates the injured worker utilizing Norco as well as Lidopro cream. The utilization review dated 05/20/14 resulted in denials for hepatic and renal function tests as the injured worker's most recent lab studies revealed findings within normal limits. No ranges were identified outside of normal lab values.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medical Panel (Hepatic 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 (ODG), Low Back- Lumbar & Thoracic

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: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker utilizing Norco for pain relief as well as Lidopro topical cream. Lab studies are indicated for injured workers with ongoing use of pharmacological interventions. There is information regarding the injured worker's more recent lab studies as recently as October of 2013 which revealed essentially normal findings. Given the insufficient information regarding the injured worker's ongoing use of pharmacological interventions outside of one opioid medication, this request is not indicated as medically necessary.

1 Medical Panel (Renal 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 (ODG), Low Back- Lumbar & Thoracic

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: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

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