

Case Number:	CM14-0217492		
Date Assigned:	01/07/2015	Date of Injury:	06/23/2011
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 34-year-old male who sustained a work related injury June 23, 2011. According to an initial comprehensive primary treating physician's orthopedic evaluation dated August 18, 2014, the initial injury occurred while lifting approximately 70 pounds; he experienced pain in his lower back with radiation to legs. He was prescribed medication and a back brace. He continued with physical therapy treatment, providing temporary benefit. He continued to work despite flare-ups. In October 2011, additional physical therapy and acupuncture were implemented twice a week for several months, providing temporary benefit. August 2012, he was referred to pain management and administered epidural injection to the low back providing temporary relief. According to an initial consultation internal medicine report dated November 3, 2014, the injured worker presented for evaluation and lab studies. He is complaining of low back pain that fluctuates on position and level of activity. There is radiation down both legs but primarily the left with numbness. Physical examination of the lumbar spine reveals active range of motion is limited; flexion is 45 degrees and extension is less than 5 degrees. Straight leg raise is positive on the left. There is reduced sensation to light touch in the left lower extremity primarily in the lateral aspect of the calf and foot. The medial left leg reveals hyperesthesia compared to the medial right. There is significant weakness in toe extension and ankle dorsiflexion 4/5 on the left compared to 5/5 right. Electrodiagnostic studies performed 10/07/2014(present in medical record), indicates absence of peroneal nerve entrapment or peripheral neuropathy; mild active denervation in the left L5 innervated muscles without myopathy; mild acute L5 radiculopathy on the left. Clinical impression is documented as

lumbosacral disc disease; left leg radiculopathy and insomnia secondary to pain and dysesthesias in the leg. Treatment plan included a laboratory request for a complete metabolic panel, CBC, SED rate and CPK. Per the note dated 12/1/14, he had not taken NSAIDs for 6 months. Per the doctor's note dated 12/1/14 patient had complaints of low back pain with radiation. Physical examination revealed normal vitals, normal cardiovascular and respiratory and abdominal examination. The patient has had acupuncture visits and back injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (non-specific): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003872/>

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

Decision rationale: Request: Labs (non-specific); A CMP (or BMP) can be ordered as part of a routine physical examination, or may be used to monitor a patient with a chronic disease, such as diabetes mellitus or hypertension. Per the cited guidelines, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per the note dated 12/1/14, he had not taken NSAID for 6 months. Physical examination revealed normal vitals, normal cardiovascular and respiratory and abdominal examination. The rationale for the lab report was not specified in the records provided. Evidence of previous renal or liver abnormalities, was not specified in the records provided. Evidence of intolerance or GI symptoms of peptic ulcer with any previous use of NSAIDs was not specified in the records provided. The duration of previous use of NSAIDs was not specified in the records provided. Previous lab reports were not specified in the records provided. The medically necessity of the lab tests listed was not fully established in this patient at this time.