

Case Number:	CM14-0218758		
Date Assigned:	01/08/2015	Date of Injury:	02/13/2002
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This then said 63 year old male sustained a work related injury on 02/13/2002. On 12/31/2014, he presented for an evaluation regarding his work related injury. His medications included zolpidem, methadone, Norco, Soma, and Voltaren gel. He reported low back and leg pain. It was noted that he was able to walk for exercise, perform activities of daily living, and participate in church activities due to his medication use and that without them he would not be able to perform these activities. A physical examination showed that he was in no acute distress, but had difficulty rising from a chair. There was tenderness over a lumbar scar laterally to the right over the quadratus lumborum. Range of motion was noted to be stiff and associated with discomfort. He had a positive pelvic tilt, left hip higher than the left, and tenderness over the sacroiliac joints to palpation. Sensation was intact bilaterally and motor strength was decreased in the left upper extremity. It was stated that he had foot drop on the left. Straight leg raise was negative. Lower motor strength was decreased in the left quads, and sensation was decreased in the right medial thigh and calf. The treatment plan was for a CT scan of the lumbar spine and lab tests with BUN and creatinine. The rationale for the CT scan was to evaluate the injured worker's low back symptoms. The rationale for the lab tests was not provided. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the Official Disability Guidelines, laboratory testing should be performed prior to an invasive procedure when there is evidence of underlying health risks, and should be guided by the injured worker's history, comorbidities, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was not noted to be undergoing surgery and there was a lack of evidence indicating that he has any comorbidities, underlying health risks, or physical examination findings that would require laboratory testing. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Lab test - BUN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic Proceedings, February 2009; 84 (2), 170 - 179

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: Low Back, Lab testing.

Decision rationale: According to the Official Disability Guidelines, laboratory testing should be performed prior to an invasive procedure when there is evidence of underlying health risks, and should be guided by the injured worker's history, comorbidities, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was not noted to be undergoing surgery and there was a lack of evidence indicating that he has any comorbidities, underlying health risks, or physical examination findings that would require laboratory testing. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Lab test - Creatine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic Proceedings, February 2009; 84 (2), 170 - 179

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: Low Back, Lab testing.

Decision rationale: According to the Official Disability Guidelines, laboratory testing should be performed prior to an invasive procedure when there is evidence of underlying health risks, and should be guided by the injured worker's history, comorbidities, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was not noted to be undergoing surgery and there was a lack of evidence indicating that he has any comorbidities, underlying health risks, or physical examination findings that would require laboratory testing. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.