

<b>Case Number:</b>	CM14-0039840		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 33 year old male, who sustained an industrial injury on February 12, 2013. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy, degeneration of lumbar/lumbosacral intervertebral disc, and intervertebral thoracic disc disorder with myelopathy thoracic region. Treatment to date has included medication. On October 24, 2013, the injured worker complains of lower back pain with numbness involving the back of the right leg. The single submitted Physician's report dated October 24, 2013, noted the injured worker reported his pain ranged up to 7 on a scale of 10, with the medications prescribed helping his symptoms. Physical examination was noted to show some decreased range of motion (ROM) of the cervical and lumbar spine secondary to pain with positive lumbar tenderness and paraspinous muscle spasming. A Comprehensive Metabolic Panel dated October 16, 2013, was noted to within normal limits with the exception of the AST and ALT. The current medications were listed as Tramadol ER, Naproxen, Flexeril, Protonix, Neurontin, and compounded topical cream. The Physician noted concern with the injured worker's increasing liver enzymes. The treatment plan was noted to include continuation of the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMP (comprehensive metabolic panel) to monitor Liver and Kidney x 4 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, CMP to monitor liver and kidney times four visits is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar intervertebral disc; and intervertebral thoracic disc disorder with myelopathy. The date of injury is February 12, 2013. The request for authorization is dated March 5, 2014. There is a single progress note in the medical record dated October 24, 2013. Medical record contains six pages. There is no contemporaneous progress note on or about the date of request for authorization. The documentation does show the injured worker's liver function tests were mildly elevated in the October 24, 2013 progress note. Repeat liver function and kidney testing should be determined on a case-by-case basis. There is no clinical indication for ordering liver and kidney testing times for visits. Additionally, there is no contemporaneous progress note with a clinical indication or rationale for liver and kidney testing #4 visits. Consequently, absent contemporaneous clinical documentation to monitor liver and kidney function, CMP to monitor liver and kidney times four visits is not medically necessary.