

<b>Case Number:</b>	CM15-0113596		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Arizona, 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:

This 41 year old male sustained an industrial injury on 7/9/10. He subsequently reported back pain. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc. Treatments to date include x-ray and MRI testing, injections and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. Upon examination, there was tenderness and spasm noted in the lumbar paraspinal muscles and decreased range of motion of the lumbar spine due to pain. Sensation was intact over the dermatomes of the lower extremities. Babinski's sign was absent. There was no evidence of clonus. A request for Comprehensive Metabolic Panel x 2 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Comprehensive Metabolic Panel x 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/cmp/tab/glance/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
 Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDS can increase blood pressure and should be used with caution in those with renal disease. In this case, there was no history or prior abnormal labs or clinical findings consistent with renal disease or hypertension. In addition, justification for 2 CMP labs which monitor liver and kidneys was not justified or substantiated and therefore not medically necessary.