

Case Number:	CM15-0117110		
Date Assigned:	06/25/2015	Date of Injury:	09/26/2011
Decision Date:	08/12/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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: North Carolina

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 (IW) is a 57-year-old male who sustained an industrial injury on 09/26/2011. Diagnoses include status post MLD (microdiscectomy) bilaterally at L3-4, L4-5 and L5-S1 (2/11/14); herniated nucleus pulposus of the lumbar spine; lumbar stenosis; degeneration of lumbar disc; and lumbar radiculopathy. Treatment to date has included medication, spinal surgery, aqua therapy, TENS unit, support garment, cane and home exercise and stretching. He also had psychological care, but did not want to take his psychotropic medications. He had a physical therapy evaluation, but the exercises were too painful. Electrodiagnostic testing on 5/14/13 revealed some electrical instability in the right and left medial gastrocnemius, the right extensor hallucis longus and the right lower lumbar paraspinals. According to the progress notes dated 4/24/15, the IW reported constant aching low back pain radiating pain and numbness down the bilateral lower extremities to the toes. Radicular symptoms flare after five minutes of standing. The TENS unit helped his low back pain. Pain was rated 5/10 when lying prone and 10/10 with weightbearing activity. On examination, the lumbar spine was tender to palpation, sensation was diminished in the left L4-S1 dermatomes, motor strength was 4+/5 and 5-/5 in the lower extremities and the left Achilles reflex was diminished. Medications included Norco 5/325mg and MS Contin. The progress notes from the requesting provider dated 5/7/15 stated previous lab testing was done 3/24/15. A request was made for med panel (to include CBC and CMP) as part of the medication safety program and to evaluate renal and hepatic function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med panel (to include CBC and CMP): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/medlineplus/ency/article/003642.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: The California MTUS, ODG and the ACOEM all recommended routine blood chemistries when monitoring the long term uses of specific medications in the treatment of chronic pain. The review of the provided clinical documentation shows that criteria for the request have been met. The request is medically necessary.