

Case Number:	CM15-0126243		
Date Assigned:	07/10/2015	Date of Injury:	02/08/1999
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

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:

The injured worker is a 64 year old female who sustained an industrial injury on 2/8/99. She had complaints of neck, back and bilateral upper and lower extremity pain. Progress note dated 5/20/15 reports continued pain in her neck radiating to bilateral shoulders to left upper extremity with tingling, numbness and weakness in fingers. Lower back pain radiates to the left lower extremity with weakness and history of falls. Medication is the only treatment that provides relief of pain. Diagnoses include: lumbar disc with radiculitis, cervical disc with radiculitis, cervical post-laminectomy syndrome and lumbar post-laminectomy syndrome. Plan of care includes: refill medications, request authorization for transportation to and from medical appointments and counseling given regarding medication pain management treatment guidelines. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic panel BUN/CR: 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), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic/ hepatic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 1999. The Hepatic panel BUN/CR is not medically necessary and appropriate.