

Case Number:	CM15-0170756		
Date Assigned:	09/11/2015	Date of Injury:	12/29/2006
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained a work related injury December 29, 2006. Past history included bilateral L5-S1 laminectomy and posterior-lateral fusion with segmental instrumental instrumentation August 28, 2009. Diagnoses are Class IV CEAP chronic venous insufficiency of the bilateral lower extremities; bilateral venous stasis dermatitis superimposed on peripheral vascular disease; bilateral carpal tunnel syndrome; cervical degenerative disc worse at C5-C6; chronic pain; GERD (gastroesophageal reflux disease); lumbar disc herniation L2-3 with severe canal stenosis; lumbar disc herniation with foraminal stenosis; neurogenic bladder; morbid obesity. According to a primary treating physician's progress report, dated August 3, 2015, the injured worker presented with continued complaints of burning pain in the bilateral legs and lumbar spine along with severe pain in the neck. Objective findings included; ambulates with two canes and wears compression stockings; discoloration of both lower legs and edema; feet are warm with decreased sensation in both feet; cervical spine-diffuse tenderness paraspinals bilaterally; thoracic spine-diffuse tenderness paraspinals bilaterally. Treatment plan included pending lumbar MRI studies with contrast. The physician provided a prescription for a blood urea nitrogen (BUN) and creatinine due to kidney risk prior to contrast with the MRI. At issue, is the request for authorization, dated August 3, 2015, for a creatinine and BUN. According to utilization review performed August 14, 2015, the requests for creatinine and blood urea nitrogen are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creatinine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/health/health-topics/topics/bdt/>.

Decision rationale: This claimant was injured in 2006 and has past history of bilateral L5-S1 laminectomy and posterior-lateral fusion with segmental instrumental instrumentation August 28, 2009. Diagnoses are Class IV CEAP chronic venous insufficiency of the bilateral lower extremities; bilateral venous stasis dermatitis superimposed on peripheral vascular disease; bilateral carpal tunnel syndrome; cervical degenerative disc worse at C5-C6; chronic pain; GERD(gastroesophageal reflux disease); lumbar disc herniation L2-3 with severe canal stenosis; lumbar disc herniation with foraminal stenosis; neurogenic bladder; morbid obesity. The physician provided a prescription for a blood urea nitrogen (BUN) and creatinine due to kidney risk prior to contrast with the MRI. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor indicates the tests are to evaluate for renal failure prior to doing an MRI study with contrast. It is true that contrast material places a burden on the kidneys, and the patient has several comorbidities such as obesity and venous insufficiency such that this would be a legitimate concern. The previous reviewer felt there was no risk of nephropathy induced by contrast media, but I clinically disagree. The request is reasonable, and is medically necessary.

Blood Urea Nitrogen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/health/health-topics/topics/bdt/>.

Decision rationale: As shared, this claimant was injured in 2006 and has past history of bilateral L5-S1 laminectomy and posterior-lateral fusion with segmental instrumental instrumentation August 28, 2009. Diagnoses are Class IV CEAP chronic venous insufficiency of the bilateral lower extremities; bilateral venous stasis dermatitis superimposed on peripheral vascular

disease; bilateral carpal tunnel syndrome; cervical degenerative disc worse at C5-C6; chronic pain; GERD (gastroesophageal reflux disease); lumbar disc herniation L2-3 with severe canal stenosis; lumbar disc herniation with foraminal stenosis; neurogenic bladder; morbid obesity. The physician provided a prescription for a blood urea nitrogen (BUN) and creatinine due to kidney risk prior to contrast with the MRI. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. As shared earlier, these are reasonable tests prior to an MRI in a patient with obesity and venous insufficiency, which in my view, are sufficient findings to support that there could be adverse effects to the kidneys with a contrast load. The request is medically necessary.