

Case Number:	CM15-0177862		
Date Assigned:	09/18/2015	Date of Injury:	03/27/2012
Decision Date:	12/18/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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 49 year old male who sustained an industrial injury on 03-27-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar radiculitis, degeneration of the lumbar disc and lumbar spinal stenosis. The injured worker has a medical history of blood clots in the heart and is on warfarin. According to the treating physician's progress report on 08-04-2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities along the anterior, lateral and posterior areas to both feet associated with weakness, numbness and tingling rated at 7 out of 10 on the pain scale. The injured worker reported bowel and bladder incontinence with severe pain. Examination demonstrated full range of motion with no increase in concordant pain in all planes. Motor strength of the bilateral lower extremities was intact. Sensation was normal to light touch, pinprick and temperature along the dermatomes bilaterally but decreased to the left L4 and bilateral S1. Deep tendon reflexes were 1 in the bilateral knees and ankles. Straight leg raise was positive bilaterally at 30 degrees. Patrick's, Gaenslen's, Pace and Freiberg's tests were negative bilaterally. The most recent magnetic resonance imaging (MRI) of the lumbar spine (02-25-2015 and 05-27-2015) and lower extremity magnetic resonance imaging (MRI) (02-25-2015) were interpreted within the progress note dated 08-04-2015. Prior treatments have included diagnostic testing, acupuncture therapy (not completed due to pain) and medications. No lumbar epidural steroid injections were performed due to anticoagulation medication. Current medications were listed as Hydrocodone-APAP, Percocet, Gabapentin and Warfarin. Treatment plan consists of continuing medication regimen, interdisciplinary pain management, urine drug screening and the current request for laboratory blood work for BUN,

creatinine and hepatic panel. On 08-13-2015, the Utilization Review determined the request for laboratory blood work for BUN, creatinine and hepatic panel was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Hepatic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with pain in low back with radiation to bilateral lower extremities. The request is for Lab: Hepatic panel. The request for authorization form is not provided. Patient's diagnoses include lumbar disc w/ radiculitis; degeneration of lumb disc; low back pain; spinal stenosis lumbar. Physical examination of the lumbar spine reveals range of motion is full in flexion, extension, lateral rotation and lateral bending with no increase in concordant pain in any planes. Motor strength is 5/5 bilateral lower extremities. Sensation is normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities but decreased to left L4, bilateral S1. DTRs are 1 bilateral ankles and 1 bilateral knees. Straight leg raise test is positive bilaterally for radiculars at 30 degrees. He has received PT, LESI, acupuncture (that helped a little bit), and recently approved for massage. Patient's medications include Hydrocodone/APAP, Warfarin, Gabapentin, and Percocet. The patient's work status is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, MTUS Guidelines page 70, NSAIDs, Specific Drug List & Adverse Effect Section, does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater does not discuss the request. MTUS supports the monitoring of liver and renal functions when patient is taking NSAIDs. Review of provided medical records shows no evidence of a prior lab test. However, review of provided medical records show the patient is not prescribed any NSAIDs. There does not appear to be any other reasons for which a liver function test may be needed, as the treater does not discuss the request. Therefore, the request is not medically necessary.

Lab: BUN (Blood urea nitrogen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with pain in low back with radiation to bilateral lower extremities. The request is for Lab: BUN (Blood urea nitrogen). The request for authorization form is not provided. Patient's diagnoses include lumbar disc w/ radiculitis; degeneration of lumb disc; low back pain; spinal stenosis lumbar. Physical examination of the lumbar spine reveals range of motion is full in flexion, extension, lateral rotation and lateral bending with no increase in concordant pain in any planes. Motor strength is 5/5 bilateral lower extremities. Sensation is normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities but decreased to left L4, bilateral S1. DTRs are 1 bilateral ankles and 1 bilateral knees. Straight leg raise test is positive bilaterally for radiculars at 30 degrees. He has received PT, LESI, acupuncture (that helped a little bit), and recently approved for massage. Patient's medications include Hydrocodone/APAP, Warfarin, Gabapentin, and Percocet. The patient's work status is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, MTUS Guidelines page 70, NSAIDs, Specific Drug List & Adverse Effect Section, does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater does not discuss the request. MTUS supports the monitoring of liver and renal functions when patient is taking NSAIDs. Review of provided medical records shows no evidence of a prior lab test. However, review of provided medical records show the patient is not prescribed any NSAIDs. There does not appear to be any other reasons for which a liver function test may be needed, as the treater does not discuss the request. Therefore, the request is not medically necessary.

Lab: Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with pain in low back with radiation to bilateral lower extremities. The request is for Lab: Creatinine. The request for authorization form is not provided. Patient's diagnoses include lumbar disc w/ radiculitis; degeneration of lumb disc; low back pain; spinal stenosis lumbar. Physical examination of the lumbar spine reveals range of motion is full in flexion, extension, lateral rotation and lateral bending with no increase in concordant pain in any planes. Motor strength is 5/5 bilateral lower extremities. Sensation is normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities but decreased to left L4, bilateral S1. DTRs are 1 bilateral ankles and 1 bilateral knees. Straight leg raise test is positive bilaterally for radiculars at 30 degrees. He has received PT, LESI, acupuncture (that helped a little bit), and recently approved for massage. Patient's

medications include Hydrocodone/APAP, Warfarin, Gabapentin, and Percocet. The patient's work status is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, MTUS Guidelines page 70, NSAIDs, Specific Drug List & Adverse Effect Section, does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater does not discuss the request. MTUS supports the monitoring of liver and renal functions when patient is taking NSAIDs. Review of provided medical records shows no evidence of a prior lab test. However, review of provided medical records show the patient is not prescribed any NSAIDs. There does not appear to be any other reasons for which a kidney function test may be needed, as the treater does not discuss the request. Therefore, the request is not medically necessary.