

Case Number:	CM15-0178979		
Date Assigned:	09/21/2015	Date of Injury:	03/26/2013
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old female injured worker suffered an industrial injury on 3-26-2013. The diagnoses included bilateral lumbar sacral radiculopathy and lumbar strain-sprain. On 7-20-2015 the treating provider reported low back pain. She had lumbar transforaminal facet epidural steroid injections in 2011. She had complete resolution of her pain and needed no pain medications, however the pain had returned. She reported pain in the low back rated 8 out of 10 radiating down the left leg with numbness and tingling and goes down the right but to a lesser degree. The provider reported she was taking excessive amounts of Ibuprofen and laboratory work was ordered. Prior treatments included epidural steroid injections, physical therapy, acupuncture and medication. The diagnostics included lumbar magnetic resonance imaging 9-11-2014 and electromyography studies 6-26-2014. The Utilization Review on 8-19-2015 determined non-certification for Lab: Creatinine, Lab: PH; Body Fluid and Lab: Spectrophotometry, analyte.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Creatinine: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) up-to date serum creatinine.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The up-to date guidelines states the requested lab is used in the evaluation of kidney function. The patient is on NSAID therapy, which should require routine monitoring of kidney function to ensure no acute kidney injury. Therefore the request is medically necessary.

Lab: PH; Body Fluid: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, ph body fluid.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The up-to date guidelines states the requested lab is used in the evaluation of the acid base status of the requested fluid. Changes in pH can be subtle evidence of end organ disease. The patient however has no documented reason or health problem that would require this as a routine test. Also the body fluid to be tested is not specified. Therefore the request is not medically necessary.

Lab: Spectrophotometry, analyte: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, spectrophotometry.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The up-to date guidelines state the requested test is used to measure the absorption of light of a particular substance. There is no medical reason this would be necessary in the treatment of this patient's ongoing pain complaints or management of therapies prescribed. Therefore the request is not medically necessary.