MAXIMUS Federal Services

Case Number:	CM15-0063780		
Date Assigned:	04/09/2015	Date of Injury:	04/09/1999
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/02/2015

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: Pennsylvania, Ohio, 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 67-year-old male, with a reported date of injury of 04/09/1999. The diagnoses include chronic lumbosacral strain, multilevel lumbar spondylosis, lumbar herniated disc, status post microdiskectomy at L4-5 on the left, and status post lumbar laminectomy at L5-S1. Treatments to date have included oral medications. The medical report dated 03/20/2015 indicates that the injured worker reported continued back and right leg complaints. The physical examination showed a walk without a limp, intact toe/heel walking, range of motion approximately 10% of normal in all planes, no motor weakness, decreased sensation in the right leg, absent reflexes at the knees and ankles, and no localized tenderness or spasm to palpation of the lumbar spine and paraspinal muscles. The treatment plan includes an updated MRI of the lumbar spine with contrast. The treating physician requested one blood urea nitrogen (BUN)/Creatinine test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BUN/Creatinine test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Work Group, KDIGO clinical practice guidelines for the evaluation and management of chronic kidney disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stacul, Fulvio, Aart J. van der Molen, Peter Reimer, Judith AW Webb, Henrik S. Thomsen, Sameh K. Morcos, Torsten Almén et al. "Contrast induced nephropathy: updated ESUR contrast media safety committee guidelines." European radiology 21, no. 12 (2011): 2527-2541.

Decision rationale: This case involves a patient for whom a gadolinium MRI has been certified and the treating physician requests evaluation of renal function prior to the procedure since the patient is over age 60. An initial physician review concluded that even in patients above age 60, screening for renal disease is not indicated in this situation without known findings suggesting of renal dysfunction. Peer reviewed literature in both the US and Europe offers conflicting advice regarding the risk of gadolinium upon the kidneys. It is reasonable in this situation to defer to treating physician discretion in assessing this risk for a particular patient. Thus, this request is medically necessary.