

Case Number:	CM15-0070731		
Date Assigned:	04/20/2015	Date of Injury:	08/28/1998
Decision Date:	07/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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, 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 injured worker is a 68 year old male, who sustained an industrial injury on 8/28/98. He reported neck, upper back, mid back, lower back, bilateral arms, bilateral elbows, bilateral wrists, bilateral legs and bilateral feet. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar radiculopathy and low back pain. Treatment to date has included acupuncture therapy, physical therapy, home exercise program, cervical epidural steroid injection, lumbar spine fusion, lumbar spine decompression, spinal cord stimulator device and activity restrictions. Currently, the injured worker complains of pain in neck, mid back, lower back and left foot, rated 10/10. Physical exam noted restricted range of motion of lumbar spine with tenderness and spasm on palpation of paravertebral muscles. It is noted sensation is also decreased over the L4-5 lower extremity dermatomes. The treatment plan included request for x-ray of lumbar spine and a request for previous medical records

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays Flexion and Extension Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request is for flexion/extension x-rays in a patient with chronic back pain who has been treated with a surgical fusion in 2006. The MTUS/ACOEM Guidelines state that x-rays are indicated in cases of acute trauma or suspicion of infection or neoplasm. None of these indications are present in this patient. With a previous lumbar fusion, his ROM is expected to be decrease. There is also no rational provided as to how these x-rays will change or enhance the patients' treatment. Thus the request is deemed not medically necessary or appropriate.

Labs: AST, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: labs Page(s): 23.

Decision rationale: Patients taking NSAIDs are recommended to have periodic checks of a CBC and chemistry profile. There is no documentation in the medical records of adverse side effects of NSAIDs warranting lab work (CBC/CMP). There is no past or present evidence of liver dysfunction to warrant checking liver function studies (AST, ALT) in this patient. Further, this patient is not currently taking NSAIDs; therefore the request is not medically necessary or appropriate.

Labs: ALT, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: labs Page(s): 23.

Decision rationale: Patients on chronic NSAID therapy are recommended to have a periodic CBC and chemistry profile. There is no documentation in the medical records documenting adverse side effects of NSAIDs warranted the ordering of blood work (AST, ALT). There is no past or present history of liver dysfunction warranting the ordering of liver function enzymes. Further, this patient is not taking NSAIDs, so the request is not medically necessary or appropriate.

Labs: Renal Panel, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Treatment: labs Page(s): 23.

Decision rationale: Patients on chronic NSAID therapy are recommended to have a periodic assessment of their CBC and chemistry profile. There is no clinical evidence of renal dysfunction secondary to NSAID usage. There is no past history of renal dysfunction. Further, this patient is not taking NSAIDs; therefore the request is not medically necessary or appropriate.