

Case Number:	CM15-0073609		
Date Assigned:	04/23/2015	Date of Injury:	06/16/2004
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48-year-old male who sustained an industrial injury on June 16, 2004. Prior treatment includes surgical consultation, MRI of the lumbar spine, TENS unit, assistive devices and medications. Currently the injured worker complains low back pain with occasional radiation to the left hip, posterior thigh, calf and foot. He reports headaches, neck pain with radiation of pain to the scapula and upper arm, right foot and ankle pain, bilateral wrist and hand numbness and tingling and bilateral knee, shoulder and chest wall pain. Diagnoses associated with the request status post closed head injury, cervical strain with bilateral radicular symptoms, lumbar strain with left lumbar radiculopathy, bilateral wrist, forearm and hand pain and right knee and bilateral shoulder strain. He has recurrent gastrointestinal bleed, gastroesophageal reflux disease, anxiety and depression. The treatment plan includes lumbar laminotomy and discectomy at L4-5 on the right, Norco, Imitrex, Ambien, Elavil, Lidoderm patch, Prilosec and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: LFT/RFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbook of medicine and

pharmaceuticals manufactures generally support basic laboratory testing on a periodic basis to monitor prescription medication use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment and Anti-Inflammatories Page(s): 5-6, and 67.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, laboratories: (LFT/RFT) liver function testing and renal function testing are not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The guidelines recommend periodic lab monitoring of the CBC and chemistry profile (including liver and renal function tests). In this case, the injured worker's working diagnoses are status post closed head injury; cervical strain with bilateral radicular symptoms; lumbar strain with left lumbar radiculopathy; bilateral wrist, forearm and hand pain; status post ulnar styloid fracture left wrist; right knee strain; right/ankle fracture of navicular bone and medial cuneiform; bilateral shoulder strain; recurrent gastrointestinal bleed (November 17, 2010); anxiety, depression and insomnia. The request for authorization is March 27, 2015. The most recent progress note in the medical record is January 12, 2015. There is no contemporaneous documentation on or about March 27, 2015. According to the utilization review, a March 10, 2015 progress note shows the injured worker stopped multiple medications, current medications were not listed in the medical record and there were no comorbid conditions enumerated in the progress note. This progress note was not present in the medical record for review. There was no clinical indication or rationale for ordering liver function testing and renal function testing. There were no specifics regarding what drug related side effects were being tested. Consequently, absent clinical documentation with a contemporary progress note on or about March 10, 2015, a current list of medications taken and the current list of medications discontinued with specific clinical indications and rationale for renal function testing and liver function testing, laboratories: (LFT/RFT) liver function testing and renal function testing are not medically necessary.