

Case Number:	CM15-0097119		
Date Assigned:	05/27/2015	Date of Injury:	05/14/1999
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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 60 year old female injured worker suffered an industrial injury on May 14, 1999. The diagnoses included cervical radiculitis and failed neck syndrome/fusion. The injured worker had been treated with spinal surgery and medications. On 4/8/2015 the treating provider reported the injured worker felt an increase in pain with decrease in medications. She reported the pain was constant with numbness and tingling in the bilateral upper extremities rated 7 to 8/10. On exam there were cervical muscle spasms, tenderness and decreased sensation. The treatment plan included Liver and Renal function tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Liver Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Acetaminophen, Muscle Relaxants (for pain), Anti-epilepsy drug for pain; Managing chronic pain in adults with or in recovery from substance use disorders. Substance Abuse and Mental Health Services Administration; 2011. 114 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one liver test is 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 community is not simply for screening purposes. In this case, the injured worker's working diagnoses are cervical radiculitis; and failed back syndrome/fusion C2 - C6. Subjectively, according to an April 8, 2015 progress note (request for authorization April 13, 2015), the injured worker complains of neck pain, and recent overall pain with the decreasing medications, numbness and tingling in the bilateral upper extremities and pain with extension and range of motion of the cervical spine. Objectively, the paraspinal muscle groups of the cervical spine are tender with decreased sensation C-5 - C6 and C6 - C7. The treatment plan contains a request for a liver function tests. Current medications include OxyContin 60 mg TID, Percocet 10/325 mg one PO QID, soma 350 mg TID, Topamax 50 mg b.i.d., Cymbalta 60 mg BID, and Fioricet. There is no specific clinical indication/rationale for ordering liver function testing based on the six medications enumerated above. Consequently, absent clinical documentation with a specific clinical indication and rationale for liver function testing, one liver test is not medically necessary.

1 Renal function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Acetaminophen, Muscle Relaxants (for pain), Anti-epilepsy drug for pain; Managing chronic pain in adults with or in recovery from substance use disorders. Substance Abuse and Mental Health Services Administration; 2011. 114 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one renal function test is 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 community is not simply for screening purposes. In this case, the injured worker is working diagnoses are cervical radiculitis; and failed back syndrome/fusion C2 - C6. Subjectively, according to an April 8, 2015 progress note (request for authorization April 13, 2015), the injured worker complains of neck pain, and

recent overall pain with the decreasing medications, numbness and tingling in the bilateral upper extremities and pain with extension and range of motion of the cervical spine. Objectively, the paraspinal muscle groups of the cervical spine are tender with decreased sensation C-5 - C6 and C6 - C7. The treatment plan contains a request for a renal function tests. Current medications include OxyContin 60 mg TID, Percocet 10/325 mg one PO QID, soma 350 mg TID, Topamax 50 mg b.i.d., Cymbalta 60 mg BID, and Fioricet. There is no specific clinical indication/rationale for ordering renal function testing based on the six medications enumerated above. Consequently, absent clinical documentation with a specific clinical indication and rationale for renal function testing, one renal function test is not medically necessary.