

<b>Case Number:</b>	CM13-0011553		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 32-year-old male who reported an injury on 10/26/2009. The patient is diagnosed with epilepsy or seizures and depression. The most recent physical examination submitted for this review is documented on 03/12/2013 by [REDACTED]. The patient reported severe headaches. A physical examination revealed normal findings. Treatment recommendations included a referral for a neurology consultation, a point-of-care drug testing, a family caregiver to provide care of daily living and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood tests for comprehensive metabolic panel (CMP), corticobasal syndrome (CBS) and unknown:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long term use and high-dose use of NSAIDs and acetaminophen. Repeat testing

is based on patient risk factors and related symptoms suggesting a problem that is related to kidney or liver function. The Official Disability Guidelines states that a complete blood count is indicated for patients with diseases that increase the risk of anemia, or patients in whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. There is no documentation or clinical rationale to suggest that the requested laboratory tests are medically necessary for this patient. The patient does not demonstrate signs or symptoms of anemia or electrolyte imbalance. The patient does not have a history of long term use of NSAID medications, nor is the patient scheduled to undergo a surgical procedure. Based on the clinical information received, the request is non-certified.