

<b>Case Number:</b>	CM13-0038205		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 12/31/2012. Review of the medical record reveals that the patient's diagnoses included post-traumatic stress disorder, ICD 9 code 309.81, and generalized anxiety disorder, ICD 9 code 300.00. The most recent clinical note dated 01/06/2014 reveals that the patient has been unable to find a psychologist or psychiatrist that would take Workman's Compensation patients. Objective findings include the patient's appearance to be able to function normally with good memory. The patient exhibited normal cognition and speech with no signs of anxiety noted. Lipid profile dated 09/27/2013 revealed normal findings. All areas tested were within normal range or reference range.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lipid panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation second edition Occupational Medicine Practice Guidelines, the Reed Group/The Medical Disability Advisor, and the Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines (Official Dis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

**Decision rationale:** The Chronic Pain Guidelines indicate that thorough history-taking is always important in clinical assessment and treatment planning for a patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. However, diagnostic studies should be ordered in this context and not simply for screening purposes. As the patient's signs and symptoms have not changed significantly since his previous lipid panel was performed on 09/27/2013, and the results of that lipid panel were all within normal range, the medical necessity for an additional lipid panel at this time cannot be determined. Therefore, the request for Lipid Panel is non-certified.