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| <b>Case Number:</b>   | CM13-0044491 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 12/11/2009 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2013 |

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker reported a date of injury of 12/10/09. He has a history of aplastic anemia with progress to myelodysplastic syndrome treated with bone marrow transplant with cure of the condition. He was seen by his primary treating physician on 10/9/13 with complaints of occasional dizziness and dry eyes. His tacrolimus had been discontinued by another physician. His physical exam was normal with normal blood pressure of 120/79, lungs clear, neck and extremities negative and heart with regular rate and rhythm. His diagnosis was anemia unspecified and blood work was ordered along with mycophenolate and low dose aspirin. He had blood work on 8/28/13 which were all essentially normal with the exception of cholesterol of 207, glucose of 119, ALP of 235, GGT of 446 and vitamin D of 27.5 Repeat labs and a urinalysis are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLOOD WORK EVERY 6 MONTHS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Causes and diagnosis of iron deficiency anemia in the adult, Diagnosis of and screening for hypothyroidism in nonpregnant adults,

lipoprotein A and cardiovascular disease, Screening for type 2 diabetes mellitus and Vitamin D deficiency in adults: Defin

**Decision rationale:** This injured worker has a history of aplastic anemia and bone marrow transplant. He had a series of lab studies, most of which were unremarkable completed on 8/28/13. His physical exam was normal and his blood pressure normal. He had no cardiac, hepatic or esophageal symptoms documented. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease, osteoporosis or diabetes. His vitamin D level was low in prior labs and it was not documented as being treated. He already had extensive lab studies drawn within the prior 2 months and the medical necessity of repeat labs is not substantiated in the records.

**URINALYSIS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Urinalysis in the diagnosis of kidney disease.

**Decision rationale:** Per Up-To-Date: A complete urinalysis should be performed in a patient with evidence of or suspected kidney disease or in a patient with known or suspected kidney stones. A complete urinalysis is also needed to clarify the significance of findings noted on urine dipstick analyses from otherwise asymptomatic individuals who may have had the urine dipstick as part of a workup for another condition such as hypertension or diabetes. The records do not document any urinary symptoms and he had normal renal function on 8/28/13 labs. The records do not justify the medical necessity of a urinalysis.