

<b>Case Number:</b>	CM13-0045392		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 patient is a 67 year old female who reported an injury to her low back on 08/02/99 when she was run over by a shopping cart. The clinical note dated 12/06/12 indicates the patient complaining of 7-9/10 pain in the low back. The note indicates the patient utilizing Norco, Cymbalta, and Xanax for pain relief as well as treatment for anxiety and muscle spasms. The patient reported severe spasms in the right lower extremity. The note indicates the patient having been educated with a home exercise program to address the ongoing symptoms. The clinical note dated 04/04/13 indicates the patient having additional complaints of weakness in both lower extremities. The patient reported difficulty with reaching overhead and while walking. The note indicates the patient continuing with the use of Cymbalta, Norco, and Xanax as well as Tizanidine. The patient had complaints of pain at both shoulders and both knees as well. Range of motion deficits were identified in all 4 areas. The clinical note dated 04/30/13 indicates the patient complaining of 4-9/10 pain. The patient continued with complaints of difficulty with walking. Weakness was identified in both lower extremities. The clinical note dated 05/21/13 indicates the patient having previously undergone bilateral hip replacements in 2010. The patient stated that she had been doing well. The replacements were well-functioning. However, the patient did have complaints of pain distally in the thighs. Upon exam, the patient had a significantly antalgic gait when transferring from a seated to a standing position. The patient was favoring the right side. Strength deficits were identified at the right shoulder that were rated as 4/5. The patient further demonstrated 3/5 strength throughout the left shoulder. The MRI of the right shoulder dated 07/11/13 revealed a full thickness rotator cuff tear involving the supraspinatus, infraspinatus, and subscapularis tendons. The clinical note dated 11/24/13 indicates the patient continuing with rotator cuff related pain in the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LAB-WORK COMPLETE BLOOD COUNT (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, SHOULDER, (ACUTE AND CHRONIC), UPDATED 6/12/13, OFFICE VISITS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: 1.) FISCHBACH FT, DUNNING MB III, EDS. (2009). MANUAL OF LABORATORY AND DIAGNOSTIC TESTS, 8TH ED. PHILADELPHIA: LIPPINCOTT WILLIAMS AND WILKINS. 2.) PAGANA KD, PAGANA TJ (2010). MOSBY'S MANUAL OF DIAGNOSTIC AND LABORATORY TESTS, 4TH ED. ST. LOUIS: MOSBY ELSEVIER.

**Decision rationale:** The request for lab work to include a complete blood count (CBC) is non-certified. The documentation indicates the patient having complaints of pain at several sites over a prolonged period of time. Lab studies to include a CBC would be indicated provided the patient meets specific criteria to include the need to assess the patient's clinical pathology. No information was submitted regarding the patient's need for additional studies at this time. No information was submitted regarding the patient's recent changes in the drug regimen. No information was submitted regarding the patient's significant changes in the clinical presentation. Given these factors, this request is not indicated as medically necessary.