

Case Number:	CM13-0067264		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2006
Decision Date:	05/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 California. 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 51 year old female with date of injury 5/30/06, mechanism unknown. According to the records, she carries a diagnosis of insomnia, depression, cervical disk disease, discogenic headache, dyspepsia, GERD and bilateral ulnar neuritis. Prescribed medications as of a note dated 11/7/13 , include ibuprofen, hydrocodone/apap, pantoprazole, xanax, trazadone and serzone. Treatment history has also included cervical epidural steroid injection and physical therapy. The following is a summary of the legible writing in the most recent progress note by [REDACTED] on 11/7/13: The patient is being considered for a pain program. Epidural steroid injections only provide 4 months of pain relief. GERD is well controlled on medications. On exam, vitals were within normal limits and exam was notable for cervical tenderness, as well as mild epigastric tenderness. The plan was to request authorization for botox injections for shoulder pain, to continue current medications, maintain adequate water intake and to obtain medical records from the physician. Of the labs results provided in the records, patient is noted to have normal urine drug screen on 11/13/12 and 3/21/13. Also, lab results which appear to be dated 7/8/13, deonstrate normal comprehensive metabolic panel, normal CBC, normal iron studies, normal TSH, normal ESR and CRP, normal hemoglobin A1C and normal urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB WORK: COMPREHENSIVE METABOLIC PANEL(CMP): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation COMPREHENSIVE METABOLIC PANEL [HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CMP/TAB/TEST/](http://labtestsonline.org/understanding/analytes/cmp/tab/test/)

Decision rationale: The Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. According to the CA MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring with CBC and chemistry profile (including liver and renal function tests). The most recent CMP labs results provided in the records appear to be from July 8, 2012. Since the patient is taking multiple medications, including NSAIDS, and the last labs obtained were more than one year ago per the records, the medical necessity for comprehensive metabolic panel has been established. Therefore the request is medically necessary.

LAB WORK:LIPID PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/LIPID/TAB/TEST.](http://labtestsonline.org/understanding/analytes/lipid/tab/test/)

Decision rationale: The lipid profile is used as part of a cardiac risk assessment and to help make decisions about what treatment may be best if there is borderline or high risk. The results of the lipid profile are considered along with other known risk factors of heart disease to develop a plan of treatment and follow-up. Depending on the results and other risk factors, treatment options may involve lifestyle changes such as diet and exercise or lipid-lowering medications. Healthy adults with no other risk factors for heart disease can be tested with a fasting lipid profile once every five years. Initial screening may involve only a single test for total cholesterol and not a full lipid profile. Lab results from 7/8/13 indicate that the patient's cholesterol is within normal limits. There is no documentation that the patient has any risk factors for heart disease. Furthermore, there are no notes indicating that the patient has any cardiac symptoms. The medical necessity for a lipid panel has not been established.

LAB WORK: COMPLETED BLOOD COUNT (CBC): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70. Decision based on Non-MTUS Citation
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST.](http://labtestsonline.org/understanding/analytes/cbc/tab/test)

Decision rationale: The complete blood count (CBC) is used to help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia. It is also used to monitor the condition and/or effectiveness of treatment after a diagnosis is established, and monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy. According to the CA MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of with CBC and chemistry profile (including liver and renal function tests). The most recent CBC provided in the records is from 7/8/13. Since the patient is taking NSAIDS, has epigastria tenderness on exam, and the most recent labs were obtained more than one year ago, the medical necessity of CBC has been established.

LAB WORK:C-REACTIVE PROTEIN TEST(CRP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST.](http://labtestsonline.org/understanding/analytes/cbc/tab/test)

Decision rationale: C-reactive protein (CRP) is a non-specific test. It is used by a doctor to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. CRP is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition. There is no evidence of clinically relevant abnormal subjective or objective findings that would necessitate the request. Furthermore, there is no explanation of why the test is being obtained. Lastly, the patient CRP was normal on 7/8/13. Thus, the medical necessity for C-reactive protein test has not been established.

LAB WORK: CARDIO (CRP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS

CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED.,
CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST.](http://labtestsonline.org/understanding/analytes/cbc/tab/test)

Decision rationale: C-reactive protein (CRP) is a non-specific test. It is used to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. CRP is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition. There is no evidence of clinically relevant abnormal subjective or objective findings that would necessitate the request. The patient denies cardiac symptoms such as chest pain or shortness of breath in the most recent note dated 11/7/13. Furthermore, there is no explanation of why the test is being obtained. Thus, the medical necessity for cardio (CRP) test has not been established.

LAB WORK:HEMOGLOBIN A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS
CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED.,
CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST.](http://labtestsonline.org/understanding/analytes/cbc/tab/test)

Decision rationale: The A1C test is used to monitor the glucose control of diabetics over time. A1C is frequently used to help newly diagnosed diabetics determine how elevated their uncontrolled blood glucose levels have been over the last 2-3 months. The test may be ordered several times while control is being achieved, and then several times a year to verify that good control is being maintained. The patient had a normal fasting glucose and hemoglobin A1C in 7/8/13. The records do not document a diagnosis of diabetes or any risk factors for diabetes. The patient has no symptoms or signs of diabetes noted in the records provided. The medical records do not indicate the purpose or reasoning for the requested lab study. There is no evidence of clinically relevant abnormal findings that would necessitate the request. Thus, the medical necessity for hemoglobin A-1 C has not been established.

LAB WORK: IRON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS
CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED.,
CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS
Citation:[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST](http://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST)

Decision rationale: Iron studies can be obtained to determine the amount of circulating iron in the blood, the capacity of the blood to transport iron, and the amount of stored iron in tissues. Testing may also help differentiate various causes of anemia. The patient is noted to have normal hemoglobin and iron studies on 7/8/13. The medical records do not indicate the purpose or reasoning for the requested lab study. There is no evidence of clinically relevant abnormal findings that would necessitate the request. Thus, the medical necessity for iron test has not been established.

LAB WORK: MAGNESIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST](http://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST).

Decision rationale: Magnesium testing may be ordered as a follow up to chronically low blood levels of calcium and potassium. It also may be ordered when a person has symptoms that may be due to a magnesium deficiency, such as muscle weakness, twitching, cramping, confusion, cardiac arrhythmias, and seizures. The medical records do not indicate the purpose or reasoning for the requested lab study. There is no evidence of clinically relevant abnormal findings that would necessitate the request. Thus, the medical necessity for magnesium test has not been established.

LAB WORK: ERYTHROCYTE SEDIMENTATION RATE (ESR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST](http://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST).

Decision rationale: The erythrocyte sedimentation rate (ESR) is a nonspecific test that help detect conditions associated with acute and chronic inflammation, including infections, cancers,

and autoimmune diseases. The medical records do not indicate the purpose or reasoning for the requested lab study. There is no evidence of clinically relevant abnormal findings that would necessitate the request. Thus, the medical necessity for erythrocyte sedimentation rate (ESR) test has not been established.

LAB WORK: THYROID PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PINCUS:HENRYS CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED., CHAPTER 8-INTERPRETING LABORATORY RESULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation THYROID-STIMULATING HORMONE.

Decision rationale: The TSH test is often the test of choice for evaluating thyroid function and/or symptoms thyroid disease. The patient had a normal TSH on 7/8/13. The medical records do not indicate the purpose or reasoning for the requested lab study. There is no evidence of clinically relevant abnormal findings that would necessitate the request. Thus, the medical necessity for thyroid panel has not been established.