

Case Number:	CM13-0068676		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2011
Decision Date:	09/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 58 year old male who was injured on 11/18/2011. The mechanism of injury is unknown. Prior treatment history has included Cyclobenzaprine, Hydroxyzine, and Nucynta 50 mg. Progress report dated 05/01/2012 states the patient presented with left leg pain. The patient is noted to have suicidal ideations but has not plan as of yet. She complained of left lower extremity sciatic distribution pain and rated it as a 9/10. His pain is aggravated activities of daily living. Objective findings on exam revealed tenderness in the left sciatic notch. Range of motion of the lumbosacral spine revealed flexion to 50 degrees; extension to 5; left lateral flexion to 5; right lateral flexion to 5; left rotation to 5 and right rotation to 5. He can heel-toe walk but limps slightly, favoring the left lower extremity. Diagnoses are displacement lumbar disc without myelopathy, lumbar stenosis and spondylolisthesis. It is noted that the patient is not showing signs of aberrant drug-related behavior. He has been referred for psychiatric evaluation regarding his suicidal ideations. Prior utilization review dated 12/04/2013 states the request for a complete blood count with difficult, lipid profile, and Chem-18 is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPLETE BLOOD COUNT WITH DIFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINE PLUS WEBSITE, [HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/ENCY/ARTICLE/003642.HTM](http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm).

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: http://www.medicinenet.com/complete_blood_count/article.htm.

Decision rationale: The guidelines recommend CBC blood testing to evaluate for certain blood disorders such as anemia, as a sign of infection, or other specific diseases. The guidelines do not recommend periodic CBC for patients on chronic opioid therapy. The clinical documents state the patient has a history of DJD and hypertension. However, the clinical documents did not establish an indication for blood CBC testing at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

LIPID PROFILE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CLEVELAND CLINIC:2004, LIPID BLOOD TESTS, TOTAL CHOLESTEROL:DIRECTLY LINKED TO RISK OF HEART AND BLOOD VESSEL DISEASE.

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: <http://labtestsonline.org/understanding/analytes/lipid/tab/test>.

Decision rationale: The guidelines recommend periodic lipid profile testing to evaluate for hyperlipidemia. The clinical documents state the patient has a history of DJD and hypertension. However, the clinical documents did not clearly discuss when the patient's previous lipid panel was and if any abnormalities existed at that time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

CHEM-18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.QUESTDIAGNOSTICS.COM/TESTCENTER/BUORDERINFO.ACTION?TC=1BT&LABCODE=QDV](http://www.questdiagnostics.com/testcenter/buorderinfo.action?TC=1BT&LABCODE=QDV).

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>.

Decision rationale: The guidelines recommend chemistry panel blood testing to evaluate for liver, kidney, or electrolyte disorders. The guidelines do not recommend periodic chemistry panel for patients on chronic opioid therapy. The clinical documents state the patient has a

history of DJD and hypertension. However, the clinical documents did not establish an indication for blood chemistry testing at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.