

<b>Case Number:</b>	CM14-0002811		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 is a 41 year old man with a date of injury of 8/6/13. He had laboratory tests performed on 10/8/08. He had normal chemistries, complete blood count and liver function tests on 8/7/13. His medications included alprazolam, amitriptyline, Cyclobenzaprine, Hydrocodone-Acetaminophen and Lorazepam. He was seen by a neurologist on 10/7/13 for evaluation of his chronic pain. His review of systems showed no history of thyroid, pituitary or testicular disease or hepatitis or jaundice. He had no history of vitamin deficiencies. He had a normal lung, heart, abdomen and extremity exam. A genitourinary exam was not documented. His motor tone was normal and gait not antalgic. He had rhythmic movements of his left gluetal muscles. He had a mini-mental status exam score of 25/29. His diagnoses included status post rear-ending accident, possible head injury, T7 compression fracture, migraine headaches, neck, thoracic and back pain, right eye vision loss, COPD and right upper lung nodule, ostoepenia, hypovitaminosis B12, secondary hypogonadism, involuntary movements of the left leg. At issue in this review are the completion of blood work for multiple laboratory tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 10/8/13) TO INCLUDE HEPATIC FUNCTIONAL PANEL, BASIC METABOLIC PANEL, CORTISOL, SERUM LC/MS/MS, ACTH, PLASMA, TSH REFLEX TO FREE T4, FOLLICE STIMULATING HORMONE, LUTEINIZING HORMONE, PROLACTIN, VITAMIN B-12 AND FOLATE, ESR, RPR MONITOR WITH REFL TITER, TESTOSTERONE FREE, B: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online.

**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: Uptodate: Clinical manifestations of hypopituitarism, Diagnosis and treatment of vitamin B12 and folate deficiency, diagnostic testing for syphilis, acute phase reactants, Diagnosis of and screening for hypothyroidism in nonpregnant adults, Approach to the patient with abnormal liver biochemical and function tests.

**Decision rationale:** At issue in this review is the request for lab / blood work in this injured worker status post accident with multiple complaints and chronic pain. He had normal chemistries, complete blood count and liver function tests in 8/13. His physical exam was remarkable other than his neurologic exam. 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, anemia, osteoporosis, pituitary disease or hypogonadism. The physician visit does not substantiate the clinical reasoning or justify why the blood work is needed. Therefore the request is not medically necessary.