

<b>Case Number:</b>	CM14-0104134		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 injured worker is a 56 year old female who sustained an injury to her right lower extremity on 10/29/09. Progress note dated 05/08/14 reported that the injured worker was being treated for right knee, hip, and ankle pain at 6/10 visual analog scale without medications and 3-4/10 with medications. The injured worker stated that the pain was unbearable without medications. The injured worker complained of urinary leakage that was resolving with time and constipation due to medication usage. Physical examination noted minimal tenderness over medial joint line right ankle, minimal swelling on right ankle, crepitus with right ankle motion, and positive orthopedic testing for sacroiliac joint dysfunction on the right. Blood work was performed on 06/05/13 which revealed normal renal hepatic function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CBC (Complete blood Count):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs, hypertension and renal function

**Decision rationale:** The request for one CBC (complete blood count) is not medically necessary. Additionally, while guidelines do not provide recommendations for repeat lab testing, available records indicated the blood work for the injured worker was performed on 06/05/13 and shown to be normal. Therefore, the request was not deemed medically appropriate. There was no indication that the injured worker suffers from hypertension. The Official Disability Guidelines state that non-steroidal anti-inflammatory drugs appear to have minimal effect on blood pressure in normotensive patients. There was no history of congestive heart failure, kidney, or liver disease. Given this, the request for one CBC (complete blood count) is not indicated as medically necessary.