

Case Number:	CM14-0013078		
Date Assigned:	02/24/2014	Date of Injury:	03/03/2005
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 53 year old man with a date of injury of 3/3/05. He had numerous lab tests obtained on 8/6/13 including a normal CBC, apolipoprotein panel, basic metabolic panel, hepatic function panel, uric acid, GGT, hemoglobin A1c, thyroid panel, ferritin and urine microalbumin. A vitamin D was low at 2.6, uric acid mildly elevated at 7.9 and lipid panel showing a cholesterol of 237 and HDL of 134. An echocardiogram and EKG were essentially unremarkable. He was seen by his physician on 11/12/13 with no new complaints. He was feeling good and his BP was borderline high at 136/90. His heart, neck and extremity exams were normal and his lungs were clear. He was to continue his Ramipril, Hydralazine, Aspirin, Norvasc and Metoprolol. At issue in this review are repeat labs / blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Metabolic panel; labtestonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on

Prevention, Detection, Evaluation, and Treatment of High Blood Pressure;
<http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf>

Decision rationale: According to the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, once antihypertensive drug therapy is initiated, serum potassium and creatinine should be monitored at least 1-2 times/year. In this case, the patient already had extensive lab studies drawn within the prior 2 months and the medical necessity of repeat labs is not substantiated in the records. Therefore, the request for blood work is not medically necessary and appropriate.