

<b>Case Number:</b>	CM14-0166122		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation 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 52-year-old female who reported an injury on 03/04/2002. The mechanism of injury was not submitted for clinical review. The diagnoses included low back pain, gastritis secondary to NSAID use, history of BRBPR, depression, anemia, and constipation. The previous treatments included medication, surgery, and functional capacity evaluation. Within the clinical note dated 08/11/2014, it was reported the injured worker is doing better with less nervousness and anxiety feeling. A laboratory report from 07/07/2014 showed the injured worker to be anemic with an H&H of 7.2. On physical examination, the provider noted the range of motion of the back was noted to be flexion of 70 degrees and extension at 10 degrees. The provider requested iron studies. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Iron Studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p

**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: Rxlist, Ferritin Blood Test, online data base, [http://www.rxlist.com/ferritin\\_blood\\_test/article.htm](http://www.rxlist.com/ferritin_blood_test/article.htm)

**Decision rationale:** The request for Iron Studies is not medically necessary. Rxlist states ferritin blood tests are ordered with other tests to help evaluate the body's iron stores, such as iron level and total iron binding capacity. Normal ferritin levels are 12 to 300 ng/ml of blood for males and 12 to 150 ng/ml for females. The clinical documentation submitted indicated the injured worker to have undergone a previous laboratory study on 07/07/2014. There is a lack of clinical documentation warranting the medical necessity for an additional lab test. Therefore, the request is not medically necessary.