

<b>Case Number:</b>	CM14-0180458		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with a 11/29/13 date of injury. At the time (9/9/14) of request for authorization for CBC, without differential, AST, ALT BUN, Creatinine, there is documentation of subjective (neck and shoulder pain) and objective (painful cervical and shoulder range of motion) findings, current diagnoses (cervical sprain/strain and right shoulder sprain/strain), and treatment to date (medications). Medical reports identify a request for CBC, AST, ALT, BUN, and creatinine to rule out liver problems, possible anemia, and to assess kidney function from anti-inflammatory medications and/or alcohol. There is no documentation of subjective/objective findings to support the rationale identifying why laboratory tests are needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC, without differential, AST, ALT BUN, Creatinine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and right shoulder sprain/strain. However, despite documentation of a request for CBC, AST, ALT, BUN, and creatinine to rule out liver problems, possible anemia, and to assess kidney function from anti-inflammatory medications and/or alcohol, there is no documentation of subjective/objective findings to support the rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for CBC, without differential, AST, ALT BUN, Creatinine is not medically necessary.