

<b>Case Number:</b>	CM14-0086014		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family Practice 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 patient is a 48 year old female who sustained a work injury on 5/8/04 involving the right knee. She was diagnosed with chronic right knee pain. Her pain had been managed with opioids, NSAIDs and muscle relaxants. Lab results on 2/6/14 indicated she was anemic and had slightly elevated liver enzyme tests. An office visit on 3/11/14 noted that the treating physician requested that she follow-up with her primary care physician for further evaluation regarding abnormal labs. A progress note from the pain management physician requested a urine toxicology screen and urine creatinine for drug compliance monitoring. Blood work was requested in May 2014.

### 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:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lab testing.

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on routine blood work. Although lab tests may be needed in high-risk patients with abnormal lab results and requires further monitoring. In this case, the claimant was found to be anemic and have abnormal liver

tests. There was no follow-up note from the primary physician specifying the diagnosis and details of particular lab testing. Therefore, the request for blood work is not specific and not medically necessary.