

<b>Case Number:</b>	CM14-0092663		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 injured worker is a 22-year old manager who reported a left shoulder, neck and low back pain after lifting and dropping a 50-lb box on 8/2/12. She has a past medical history of depression and stress, which she states have worsened since the injury. The primary treater for this case is a chiropractor. The patient also sees multiple secondary treaters including an occupational medicine physician, an orthopedist, a pain management specialist and an internist. Treatment has included medications, physical therapy, a shoulder injection and epidural steroid injections. There is no documentation of the injured worker's current medications, so it is unclear from the available records what they are. It is also unclear whether or not she is working. A 5/7/14 progress note from the internist listed the patient's objective complaints as "taking meds as directed", "psych meds" and abdominal tenderness in pelvic region". No objective findings were documented beyond a BP of 90/73, pulse of 71, weight 121, that the patient was alert and oriented X 3, was in no acute distress and had pupils that were equal, round, reactive to light. Diagnoses were listed as gastritis, depression, headache and nausea. No medications were documented. Plan included "psch STAT for SI", CBC, CMP, HbA1c, and U/A. There is no documentation of any rationale for any element of the plan. The requests are for CBC, CMP and HbA1c, which were denied by the UR on 5/15/14. An IMR of the decision was requested on 6/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC (complete blood count): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back (updated 5/21/14) Preoperative Lab Testing

**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: There is no guideline to address the non-specific use for CBC (Complete Blood Count)

**Decision rationale:** There is no available clinical documentation in this case regarding why this test was ordered. The possible reasons for ordering it are so numerous that it would be a monumental task to address all of them using evidence-based citations. A CBC is not indicated in this case based on the complete lack of documentation as to why it was ordered or how it would change the management of this patient. Therefore, the request for a CBC (Complete Blood Count) is not medically necessary and appropriate.

**CMP (comprehensive metabolic panel):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nobi.nlm.nih.gov/pubmedhealth/PMH0003939?>

**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: There is no guideline to address the non-specific use for CMP (Comprehensive Metabolic Panel) is not medically necessary and appropriate

**Decision rationale:** There is no available clinical documentation in this case regarding why this test was ordered. The possible reasons for ordering it are so numerous that it would be a monumental task to address all of them using evidence-based citations. A CMP is not indicated in this case based on the complete lack of documentation as to why it was ordered or how it would change the management of this patient. Therefore, the request for a CMP (Comprehensive Metabolic Panel) is not medically necessary and appropriate.

**HbA1c:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: UptoDate, and online evidence-based review service for clinicians ([www.uptodate.com](http://www.uptodate.com)), Estimation of blood glucose control in diabetes mellitus

**Decision rationale:** According to the UptoDate reference cited above, hemoglobin A1C reflects long-term glucose levels (about 8-12 weeks). It is used to monitor diabetics and adjust their medications and other treatments. It may also be used to diagnose impaired glucose tolerance, which is a pre-diabetic condition. In this case, the patient does not have documented diabetes. Nor is there any documented concern that she may have impaired glucose tolerance. A hemoglobin A1C level is not indicated in this case due to lack of documentation that the patient has any condition that would require hemoglobin A1C monitoring. Therefore, the request for a HbA1c is not medically necessary and appropriate.