

<b>Case Number:</b>	CM14-0095677		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/14/1998
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury October 14, 1998. A utilization review determination dated June 5, 2014 recommends noncertification of lab work. A progress report dated May 23, 2014 identifies subjective complaints of neck pain with radiation to the upper back, both shoulders, left arm, and left finger. The patient also has numbness, tingling, and cramping. She also has thoracic spine pain, lumbar spine pain, and bilateral shoulder pain. She has undergone treatment including oral medications, diagnostic studies, and physical therapy. Current medications include naproxen, gabapentin, zolpidem, Nucynta, alendronate, Vesicare, Voltaren gel, and Myrbetriq. Physical examination findings reveal restricted range of motion in the cervical spine and thoracolumbar spine with tenderness to palpation over the left shoulder. Diagnoses include sprain/strain of the cervical spine, sprain/strain of the lumbar spine, AC (acromioclavicular) cartilage disorder of the left shoulder, and subacromial bursitis of the left shoulder. The treatment plan recommends "baseline laboratory analysis and urine point of contact drug screen to ensure it is safe for the patient to metabolize and excrete medications as prescribed."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Labs (Basic Metabolic Panel-Chem 8; Hepatic Function Panel; Creatine Phosphokinases-CPK; C-Reactive Protein-CRP; Arthritis Panel; Complete Blood Count-CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestsonline.org](http://labtestsonline.org) , [anylabtestsnow.com](http://anylabtestsnow.com)

**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: Complete Blood Count (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>), Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>)

**Decision rationale:** Regarding the request for Initial Labs (Basic Metabolic Panel-Chem 8; Hepatic Function Panel; Creatine Phosphokinases-CPK; C-Reactive Protein-CRP; Arthritis Panel; Complete Blood Count-CBC), California MTUS and ODG do not address the issue. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. Regarding the request for CMP, California MTUS and ODG do not address the issue. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. Guidelines do not contain criteria for C-reactive protein test, arthritis panel test, CPK test or hepatic function panel. Within the documentation available for review, there is no documentation identifying the medical necessity of these tests. None of these conditions or another condition for which this test would be appropriate are documented. In light of the above issues, the currently requested CBC and rheumatoid panel are not medically necessary. There is no documentation that the patient has any subjective complaints or objective findings for which any of the above laboratory testing would be indicated. Additionally, it does not appear that the patient is taking any medication which requires regular lab testing. Furthermore, C-reactive protein is a general measure of inflammation, and it is unclear what is meant by "arthritis panel." Finally, it is unclear when the patient's most recent lab work was performed, and if there were any abnormalities on those test which would require follow-up. In the absence of clarity regarding those issues, the currently requested Initial Labs (Basic Metabolic Panel-Chem 8; Hepatic Function Panel; Creatine Phosphokinases-CPK; C-Reactive Protein-CRP; Arthritis Panel; Complete Blood Count-CBC) are not medically necessary.