MAXIMUS Federal Services

Case Number:	CM14-0194069		
Date Assigned:	12/01/2014	Date of Injury:	05/23/2014
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 24 year old female patient who sustained a work related injury on 5/23/14. Patient sustained the injury due to electrical shock. The current diagnoses include status post electrical shock, headache and paresthesia. Physical examination on 6/4/14 revealed full ROM (range of motion), 5/5 strength, sensation increased to pin sensitivity on the left side of body, cerebellar function intact, and normal gait and DTR 2+ (deep tendon reflexes). Physical examination on 1015/14 revealed headache, swollen hand with tingling. Per the note dated 11/19/14 she had difficulty in sleeping and headache. Physical examination revealed flat affect, tenderness on palpation over sub occiput and temple area, full EOM (Extraocular movement) with end point nystagmus. The lab report was advised to monitor effect of medication on liver, kidney and blood. The patient has had MRI of brain on 6/23/14 that was normal. The patient has had normal urine examination on 6/25/14The current medication lists include Tylenol #3, Zanaflex, Celexa, Paxil, Depakote, Fioricet and Tramadol.Any surgical or procedure note related to this injury were not specified in the records provided.Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count (CBC), Serum glutamic-oxaloacetic transaminase (SGOT), Blood urea nitrogen (BUN) , Creatinine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: The comprehensive metabolic panel, or chemical screen, (CMP) is a panel of 14 blood tests which serves as an initial broad medical screening tool. The CMP provides a check of kidney function, liver function, and electrolyte and fluid balance.A CMP (or BMP) can be ordered as part of a routine physical examination, or may be used to monitor a patient with a chronic diseasePer the cited guidelines, "Routine Suggested Monitoring: .....recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)....."Patient sustained the injury due to electrical shock. The current diagnoses include status post electrical shock, headache and paresthesia. Per the note dated 11/19/14 she had difficulty in sleeping and headache. Physical examination revealed flat affect, tenderness on palpation over sub occipital and temple area, full EOM with end point nystagmus. The medication lists include Tylenol #3, Zanaflex, Celexa, Paxil, Depakote, Fioricet and Tramadol. Fioricet (acetaminophen, butalbital, and caffeine) is used to treat tension headaches that are caused by muscle contractions.The medication Depakote and Fioricet can have adverse effects on the kidney and liver.The lab report was requested to the monitor effect of the medication on the liver, kidney and blood.Therefore, the blood tests including Complete blood count (CBC), Serum glutamic-oxaloacetic transaminase (SGOT) blood urea nitrogen (BUN), Creatinine are certified as medically necessary for this patient at this time.