

<b>Case Number:</b>	CM14-0202883		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	12/31/2004
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab, 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:

The injured worker is a 66 year old male with an original date of injury of June 29, 2004. The patient's diagnoses include hypertension, coronary artery disease, angina, sexual dysfunction, hyperlipidemia, and the patient has a history of inguinal hernia repair and coronary bypass surgeries. The disputed issue is a request for a complete blood count and chemistry panel. A utilization review determination on November 4, 2014 had noncertified these requests for laboratory tests. The rationale for this denial was that the patient had "hematology studies on April 7, 2014, and chemistry studies on April 7, 2014, July 7, 2014, and August 18, 2014. The reviewers cited guidelines which specify for annual testing of these laboratory values.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CBC and chemistry panel:** Overturned

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

**Decision rationale:** Regarding the request for CBC and rheumatoid panel, the California MTUS and the ODG do not address the issue. Within the documentation available for review, there are recent results of blood tests available. In 8/18/2014 there was documentation of elevation of transaminases and in 4/7/2014 there was documentation of mildly decreased hemoglobin and hematocrit. As such, it is recommended to trend these laboratory values out to make sure they are normalizing. If not, further investigation work up may be warranted. These labs are medically necessary.