

<b>Case Number:</b>	CM14-0049323		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/25/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 58 year old female, who sustained an industrial injury on 7/25/2000. The injured worker was diagnosed as having lumbar disc protrusion; lumbar radiculopathy. Treatment to date has included status post lumbar L5-S1 fusion (no date or report); physical therapy, EMG/NCS (no date or report); MRI lumbar (no date or report). Currently, the PR-2 notes dated 2/6/14, the injured worker complains of persistent and worsening numbness left foot gradually progressing to the left lateral foot to dorsum of foot, and right lateral hip continues to hurt, especially when she lies on it. The injured worker describes symptoms of depression. The provider has requested a complete metabolic panel, thyroid-stimulating hormone, complete blood count to evaluate renal and liver function given her medication profile and symptoms of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete metabolic panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 04/25/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and liver function. The submitted and reviewed documentation indicated the worker was experiencing worsening left leg numbness, right hip pain, and depressed mood that improved significantly when a medication was stopped. While the worker was taking medications that are broken down by the liver, there was no discussion reporting how long these medications had been used, when the last monitoring was performed, or the reason the other studies in this panel were needed. In the absence of such evidence, the current request for complete metabolic panel blood testing is not medically necessary.

**Thyroid-stimulating hormone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, et al. Laboratory assessment of thyroid function. Topic 7891, version 17.0. UpToDate, accessed 01/06/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports screening those at increased risk for thyroid disease with a thyroid stimulating hormone (TSH) blood level. The submitted and reviewed records indicated the worker was experiencing worsening left leg numbness, right hip pain, and depressed mood that improved significantly when a medication was stopped. While depressed mood can be caused if the thyroid gland is not working well, this issue reportedly improved significantly just by stopping a medication. The treatment recommendations included monitoring that issue closely. This test could be checked if the symptom worsened or if the worker experienced other findings suspicious for a thyroid function problem. For these reasons, the current request for a thyroid stimulating hormone (TSH) blood level is not medically necessary.

**Complete blood count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete blood count (CBC). Medline Plus Medical Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>. Accessed 04/25/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. The submitted and reviewed documentation indicated the worker was experiencing worsening left leg numbness, right hip pain, and depressed mood that improved significantly when a medication was stopped. The worker was not taking medications that required monitoring with this blood test, and there was no discussion that sufficiently detailed special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for complete blood count panel blood testing is not medically necessary.