

Case Number:	CM15-0001392		
Date Assigned:	02/20/2015	Date of Injury:	08/02/2006
Decision Date:	04/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 63-year-old male, who sustained an industrial injury on August 2, 2006. The diagnoses have included hypertension, esophageal reflux disease. Treatment to date has included laminectomy, epidural injection, status post C4-7 fusion, SI transforaminal epidural steroid injection, and medications. Currently, the injured worker complains of continued low back pain with bilateral sciatic pain to the feet. His last epidural provided 75% improvement in his ability to stand, sit, walk and bend. He is not responding to home treatment and does not wish to use narcotics. On examination, the injured worker has 2+ lumbar tenderness with spasm. Positive straight leg raises and decreased strength and sensation of the lower limbs. On December 19, 2014, Utilization Review non-certified a request for the following: Laboratory Evaluations to include CBC, Lipid Panel, Total T3, T4, T3 Uptake, T3, Free Thyroxine, TSH, Venipuncture, Basic Metabolic Panel, Hepatic Function Panel, Uric Acid, GGTP, Serum Ferritin, Vitamin D 25 Hydroxyl, Apo lipoprotein A and B, A1c, Creatine, Urine micro albumin; Echocardiography, EKG, Rhythm ECG, Losartan 50mg #200, HCTZ 25mg #100, Metoprolol 25mg #100, and Crestor 5mg #100. Noting that the guidelines do not support these laboratory tests except for CBC and CMP in patients using NSAIDs and there is no mention of the injured worker using NSAIDs; noting that there is no documentation to support the medical necessity for cardiac diagnostic studies; noting that there is no documentation to support the use of anti-hypertensive medication or hyperlipidemia. On January 5, 2015, the injured worker submitted an application for IMR for the following: Laboratory Evaluations to include CBC, Lipid Panel, Total T3, T4, T3 Uptake, T3, Free Thyroxine, TSH, Venipuncture, Basic Metabolic

Panel, Hepatic Function Panel, Uric Acid, GGTP, Serum Ferritin, Vitamin Diarrhea 25 Hydroxyl, Apo lipoprotein A and B, A1c, Creatine, Urine micro albumin; Echocardiography, EKG, Rhythm ECG, Losartan 50mg #200, HCTZ 25mg #100, Metoprolol 25mg #100, and Crestor 5mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: CBC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. The medical records indicate a normal CBC was resulted on 12/18/2014. The treating physician does not indicate what symptomatic changes, physical findings, or medication changes have occurred to necessitate a CBC. As such, the request for Complete Blood Count is not medically necessary.

Lab: Lipid Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal

function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Total T3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: T4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID

adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: T3 Uptake: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: T3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify

reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Free Thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 9 Shoulder Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: TSH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful

to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Venipuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Basic Metabolic Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Hepatic Function Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Uric Acid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: GGTP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Serum Ferritin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.

Lab: Vitamin D: 25 Hydroxy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The MTUS is silent on ordering lab tests for chronic low back pain. MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states that the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. As such, the request is not medically necessary.