

Case Number:	CM15-0149491		
Date Assigned:	08/12/2015	Date of Injury:	10/26/2013
Decision Date:	09/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on October 26, 2013. The injured worker reported exiting a stock room while a coworker was walking into the stock room pushing a metal cart striking the injured worker in the face to the nasal bridge, forehead, and left shoulder causing whiplash, dizziness, nausea, blurred vision, and balance issues. The injured worker was diagnosed as having headache, blurry vision after facial trauma, cervicalgia, cervical degenerative disc disease, left shoulder pain, left shoulder sprain and strain, left shoulder impingement syndrome, muscle spasm, whip lash, and facial contusion. Treatment and diagnostic studies to date has included x-ray of the thoracic spine, computed tomography scan of the brain, use of a transcutaneous electrical nerve stimulation unit, and home exercise program. In a progress note dated July 17, 2015 the treating physician reports complaints of pain to the shoulder, face, neck, head, left suboccipital region, and the left side of the neck, along with symptoms of dizziness and blurry vision with headaches. Examination reveals decreased range of motion to the cervical spine, decreased range of motion to the left shoulder, tenderness to the left suboccipital region, cervical paraspinal regions, left trapezius region, left scapular region, left rhomboid region, and the rotator cuff, positive impingement testing, positive Yergason testing, positive O'Brien, and positive acromioclavicular joint stress testing. The injured worker's pain level was rated a 7. The treating physician requested a complete blood count and a comprehensive metabolic panel to evaluate the injured worker's kidney and liver functions, along with assessing for diabetes secondary to complaints of blurred vision, restricted range of motion of the shoulder, and family history of diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, J Perinat Neonatal Nurs 1997 Dec;page 1-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: The patient presents with neck, shoulder, facial and head pain. He c/o neck pain located in the left side and left suboccipital area that radiates to the left arm. HA weekly and sudden dizziness with blurry vision occasionally. The request is for CBC (COMPLETE BLOOD COUNT). The request for authorization is dated 07/17/15. MRI of the cervical spine, 07/02/15, shows multilevel cervical arthropathy and foraminal stenosis, moderate to severe at C5-C6 and C6-C7, right-sided worse than left. MRI of the brain, 07/03/15, shows minimal frontal white matter signal changes compatible with chronic small vessel ischemic disease, mild bilateral TMJ arthritis. Physical examination of the cervical spine reveals tender to the left suboccipital and paraspinal areas and left trapezius. Exam of shoulder reveals tender to the left trapezius and left scapular area as well as the left rhomboid area, Positive impingement test, Positive Yergason test, positive O'Brien, positive ACJ stress test. Per progress report dated 07/17/15, the patient is returned to modified work. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, there has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Per progress report dated 07/17/15, treater's reason for the request is "to evaluate his liver and kidney functions, and to r/o diabetes." A CBC panel can be useful in examining a patient's overall hepatic and renal function. However, review of provided medical records show no documentation that patient is currently on NSAID therapy. In fact, per progress report dated 07/17/15, treater states, "He prefers not to take oral pain medications." Therefore, the request IS NOT medically necessary.

CMP (comprehensive metabolic panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, Metabolic profile testing, page 391-411.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: The patient presents with neck, shoulder, facial and head pain. He c/o neck pain located in the left side and left suboccipital area that radiates to the left arm. HA weekly and sudden dizziness with blurry vision occasionally. The request is for CMP (COMPREHENSIVE METABOLIC PANEL). The request for authorization is dated 07/17/15. MRI of the cervical spine, 07/02/15, shows multilevel cervical arthropathy and foraminal stenosis, moderate to severe at C5-C6 and C6-C7, right-sided worse than left. MRI of the brain, 07/03/15, shows minimal frontal white matter signal changes compatible with chronic small vessel ischemic disease, mild bilateral TMJ arthritis. Physical examination of the cervical spine reveals tender to the left suboccipital and paraspinal areas and left trapezius. Exam of shoulder reveals tender to the left trapezius and left scapular area as well as the left rhomboid area, positive impingement test, positive Yergason test, positive O'Brien, positive ACJ stress test. Per progress report dated 07/17/15, the patient is returned to modified work. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, there has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Per progress report dated 07/17/15, treater's reason for the request is "to evaluate his liver and kidney functions, and to r/o diabetes." A CMP panel can be useful in examining a patient's overall hepatic and renal function. However, review of provided medical records show no documentation that patient is currently on NSAID therapy. In fact, per progress report dated 07/17/15, treater states, "He prefers not to take oral pain medications." Therefore, the request IS NOT medically necessary.