

<b>Case Number:</b>	CM15-0166421		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

This is a 47-year-old male who sustained an industrial injury on 09-28-2011. Diagnoses include status post ACDF at C5-C6 and C6-C7 (2-2015); bilateral trapezius myofascial pain secondary to surgery; left hand injury during intraoperative monitoring (2-2-2015); left ulnar neuritis secondary to left hand injury; and mild reactive depression. Treatment to date has included medication, acupuncture, hand therapy, facet injection and spinal fusion. According to the progress notes dated 7-15-2015, the IW (injured worker) reported he was feeling 10% worse. He rated his neck and arm pain 9 out of 10. He complained of pain in the anterior and posterior neck and pain and weakness in the left hand and over the extensor surface of the left forearm. He also complained of continuing leg spasms since his surgery. He stated that after working on the stair machine, he had cramps in the bilateral legs. On examination, there was tenderness to light palpation over the right and left sternocleidomastoid. There were 4 out of 5 weaknesses in the extensor digiti and abductor pollicis on the left. There was some atrophy of the left thenar eminence. Reflexes of the upper extremities were 2 bilaterally. Patellar and Achilles reflexes were 1, with no spasticity noted. A request was made for blood work labs for potassium and magnesium to check for deficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood work labs for potassium and magnesium:** 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 Medline Plus at [www.nlm.nih.gov/medlineplus/ency/article/003484.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003484.htm) [www.nlm.nih.gov/medlineplus/ency/article/003487.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003487.htm).

**Decision rationale:** Based on the 7/15/15 progress report provided by the treating physician, this patient presents with anterior and posterior neck pain, arm pain with pain/weakness in left hand over extensor surface of forearm, with pain rated 9/10 on VAS scale. The treater has asked for BLOOD WORK LABS FOR POTASSIUM AND MAGNESIUM on 7/15/15. The request for authorization was not included in provided reports. The patient is s/p ACDF C5-C7 from February 2015 with continuing leg spasms since surgery per 7/15/15 report. The patient currently takes Oxycontin, Oxycodone, Robaxin, and Xanax per 7/15/15 report. The patient states that recent physical activity (helping with garage sale for [REDACTED]) for the last few days has increased posterior/anterior neck pain per 7/15/15 report. The patient is having an exacerbation of pain in the neck and trapezius per 7/15/15 report. The patient has had a headache for the last 2 weeks per 6/17/15 report. The patient states that every afternoon at 3pm, the pain begins to increase and become more intense per 6/17/15 report. The patient's work status is temporarily totally disabled per 6/17/15 report. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. For potassium testing, Medline Plus at <https://www.nlm.nih.gov/medlineplus/ency/article/003484.htm> states: "This test measures the amount of potassium in the fluid portion (serum) of the blood. Potassium (K+) helps nerves and muscles communicate. It also helps move nutrients into cells and waste products out of cells. This test is a regular part of a basic or comprehensive metabolic panel. Your doctor may order this test to diagnose or monitor kidney disease." It also states: "Low levels of potassium (hypokalemia) may be due to: Chronic diarrhea, Cushing syndrome (rare), Diuretics such as hydrochlorothiazide, furosemide, and indapamide, Hyperaldosteronism, Hypokalemic periodic paralysis, Not enough potassium in the diet, Renal artery stenosis, Renal tubular acidosis (rare), Vomiting." For magnesium testing, Medline Plus at <https://www.nlm.nih.gov/medlineplus/ency/article/003487.htm> states: "A serum magnesium test is a measurement of how much magnesium there is in the blood. This test is done when your health care provider suspects you may have an abnormal level of magnesium in your blood." It also states: "A low magnesium level may indicate: Alcoholism, Chronic diarrhea, Delirium tremens, Hemodialysis, Hepatic (liver) cirrhosis, Hyperaldosteronism, Hypoparathyroidism, Pancreatitis, Too much insulin, Toxemia of pregnancy, Ulcerative colitis." In this case, the treater does not discuss the purpose of the "lab draw to test for potassium and magnesium deficiency" per requesting 7/15/15 report. However, the patient had several large blood clots, went into cardiac arrest, and then was revived during a recent ACDF C5-7 per 2/3/15 operative report. Consequently, the treater has requested testing for a potential potassium deficiency or magnesium deficiency, which appears reasonable. The request IS medically necessary.