

<b>Case Number:</b>	CM15-0187415		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/06/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Emergency 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:

This injured worker is a 50 year old female, who sustained an industrial injury on 04-06-2015. The injured worker was diagnosed as having status post electrical shock-left extremity, complaints of heart palpitations status post electrical shock, complaints of breathing difficulty status post electrical shock and psychological factors- secondary to industrial injury. On medical records dated 08-05-2015, the subjective complaints were noted as left arm pain, constant tingling and throbbing. Heart palpitations and difficulty breathing, and severe nausea. Also complains of crying, nightmares and loss of sleep. Objective findings were noted as cranial nerves II through XII intact and elicit normal responses. Deep tendon reflexes were noted as increased at C5, C6, C7, L4 and L5 3+ 2+ bilaterally. Left arm revealed global hypersensitivity in the left upper extremity. Muscle strength was 4-5 globally in the left upper extremity. Muscle strength testing was 5-5 in the right upper extremity and left upper extremity muscle groups. Treatments to date included medication and laboratory studies. Current medications were not listed on 08-05-2015. The Utilization Review (UR) was dated 08-31-2015. A Request for Authorization was dated 08-05-2015 for complete blood count CBC, basic metabolic panel BMP, and liver function test LFT, creatine phosphokinase CPK was submitted. The UR submitted for this medical review indicated that the request for complete blood count CBC, basic metabolic panel BMP, and liver function test LFT, creatine phosphokinase CPK were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete blood count CBC, basic metabolic panel BMP, liver function test LFT, creatine phosphokinase CPK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The requested Complete blood count CBC, basic metabolic panel BMP, liver function test LFT, creatine phosphokinase CPK, is not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "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." The injured worker has heart palpitations status post electrical shock, complaints of breathing difficulty status post electrical shock and psychological factors- secondary to industrial injury. On medical records dated 08-05-2015, the subjective complaints were noted as left arm pain, constant tingling and throbbing. Heart palpitations and difficulty breathing, and severe nausea. Also complains of crying, nightmares and loss of sleep. Objective findings were noted as cranial nerves II through XII intact and elicit normal responses. Deep tendon reflexes were noted as increased at C5, C6, C7, L4 and L5 3+ 2+ bilaterally. Left arm revealed global hypersensitivity in the left upper extremity. Muscle strength was 4-5 globally in the left upper extremity. Muscle strength testing was 5-5 in the right upper extremity and left upper extremity muscle groups. Treatments to date included medication and laboratory studies. Current medications were not listed on 08-05-2015. The treating physician has not documented current NSAID prescriptions nor the medical necessity for the additional lab tests. The criteria noted above not having been met, Complete blood count CBC, basic metabolic panel BMP, liver function test LFT, creatine phosphokinase CPK is not medically necessary.