

<b>Case Number:</b>	CM15-0030449		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a male injured worker who sustained an industrial injury on November 7, 2011. The mechanism of injury is unknown. The diagnoses have included melanoma of skin site unspecified, diabetes mellitus, and encounter for antineoplastic chemotherapy. Treatment to date has included diagnostic studies and medications (including antineoplastic therapy). Documentation does not state the specific type or stage of melanoma, although it does indicate high-risk disease. On January 27, 2015, the injured worker reported to be doing well since his last examination. There had been no signs or symptoms suggestive of recurrence of his melanoma. Physical examination revealed an abdominal bulge that involved the greater aspect of the left side. The area was reducible and did not appear to have any evidence of mass. Ultrasound and CT did not show a clear etiology for the abdominal bulge. The treating physician suspects it to be a hernia/tear in the abdominal musculature of the area. On February 5, 2015, Utilization Review non-certified complete blood count (CBC), comprehensive metabolic panel (CMP) and port draw flush as needed for 2015, citing non-MTUS Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of CBC, CMP and port draw flush as needed for 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(CBC) Complete Blood Count as needed for 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation [ncbi-nlm-nih gov/pubmedhealth/PMH0004108/A.D.A.M. Medical Encyclopedia](https://pubmed.ncbi.nlm.nih.gov/pubmed/241084108/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Staging work-up and surveillance after treatment of melanoma.

**Decision rationale:** The patient recently had findings consistent with hernia, however the certification request appears to be centered on continuing follow-up and monitoring of his melanoma. MTUS and ODG do not address laboratory studies in the context of cancer follow-up. The Up-to-date review article indicated that follow-up for melanoma is not definitively established, but current evidence supports that the major value of follow-up visits are the detect potentially surgically curable recurrences. Recommendations included a detailed medical history and physical examination every 3-12 months, depending on risk of recurrence and PET/CT every 6 months in very high risk patients. It is noted that routine blood work including complete blood count (CBC) are rarely the sole indicator of recurrence, and recommend that blood work is yet to be of proven value in terms of impact on overall survival. The documentation indicates the patient has high risk disease. However, there is no established periodicity for the tests, and the patient currently has no history or exam findings that indicate recurrence or need for additional evaluation. Given these factors, the necessity of frequent laboratory tests is of questionable value based on the evidence-based recommendations. The documentation does not indicate any other rationale for the request. Therefore, the request for CBC as needed for 2015, is not medically necessary at this time.

**(CMP) Comprehensive Metabolic panel as needed for 2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Preoperative lab testing [ncbi-nlm-nih gov/pubmedhealth/PMH0003939](https://pubmed.ncbi.nlm.nih.gov/pubmed/241003939/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Staging work-up and surveillance after treatment of melanoma.

**Decision rationale:** The patient recently had findings consistent with hernia, however the certification request appears to be centered on continuing follow-up and monitoring of his melanoma. MTUS and ODG do not address laboratory studies in the context of cancer follow-up. The Up-to-date review article indicated that follow-up for melanoma is not definitively established, but current evidence supports that the major value of follow-up visits are the detect potentially surgically curable recurrences. Recommendations included a detailed medical history and physical examination every 3-12 months, depending on risk of recurrence and PET/CT every 6 months in very high risk patients. It is noted that routine blood work are rarely the sole indicator of recurrence, and recommend that blood work is yet to be of proven value in terms of

impact on overall survival. CMP is not specifically mentioned in the review, but is assumed to be included in the laboratory recommendation. The documentation indicates the patient has high risk disease. However, there is no established periodicity for the tests, and the patient currently has no history or exam findings that indicate recurrence or need for additional evaluation. Given these factors, the necessity of frequent laboratory tests is of questionable value based on the evidence-based recommendations. The documentation does not indicate any other rationale for the request. Therefore, the request for CMP as needed for 2015, is not medically necessary at this time.

**Port draw/flush as needed for 2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ncbi-nlm-nih-gov/pmc-articles-PMC3587971](https://pubmed.ncbi.nlm.nih.gov/3587971/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Staging work-up and surveillance after treatment of melanoma.

**Decision rationale:** The patient recently had findings consistent with hernia, however the certification request appears to be centered on continuing follow-up and monitoring of his melanoma. MTUS and ODG do not address laboratory studies or port draw/flush in the context of cancer follow-up. The Up-to-date review article indicated that follow-up for melanoma is not definitively established, but current evidence supports that the major value of follow-up visits are the detect potentially surgically curable recurrences. Recommendations included a detailed medical history and physical examination every 3-12 months, depending on risk of recurrence and PET/CT every 6 months in very high risk patients. It is noted that routine blood work including complete blood count (CBC) are rarely the sole indicator of recurrence, and recommend that blood work is yet to be of proven value in terms of impact on overall survival. The documentation indicates the patient has high risk disease. Port draws and flushes are not specifically mentioned in the article, but they are generally utilized to deliver medications or to draw labs. Given that the patient has established disease that has some risk of recurrence, there is potential to require additional therapy and laboratory work in the time frame specified. Periodic port draws and flushes appear to be a reasonable request in the ongoing surveillance of this patient. Therefore, I am reversing the prior decision, and the request for port draw/flush as needed for 2015 is medically necessary.