

Case Number:	CM15-0030578		
Date Assigned:	02/24/2015	Date of Injury:	02/20/2000
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	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: Indiana

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 2/20/2000. Currently, on 9/8/2014, she was noted to have an elevated blood pressure without palpitations or feeling of unwell, and her cardiac medications were resumed. The notes of this visit are hand written and mostly illegible. The injured worker was diagnosed with, and/or impressions were noted to include, essential benign hypertension; and atrial fibrillation. Treatments to date have included consultations, diagnostic electrocardiogram and echo-cardiogram (2/12/13); diagnostic laboratories (2/12/13 & 8/6/13) and urine studies (2/12/13); and medication management. The current visit of 9/8/2014 notes that she stated her blood pressure checks, at home, are normal, that she is noted to be on cardiac medications, and that her next follow-up visit is scheduled for 6 months. The history shows that on the 2/12/13 visit the blood pressure and heart rate were within normal limits, that she complained of dizziness that subsided, diagnostic electrocardiogram and echo-cardiogram were ordered for that day, and that there was a decrease in one of her cardiac medications. The 8/6/13 visit, noted a borderline, elevated diastolic blood pressure, with no palpitations or feeling of unwell, but with an irregular, and low heart rate, that she remains on cardiac medications, and that laboratories were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count, lipid panel, T3 free, free thyroxine, TSH, venipuncture, BMP, hepatic function panel. uric acid, GGTP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo, www.labtestonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; adverse affects 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, "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. From the items presented, the physician should select what needs to be done." The medical records indicate a normal CBC was resulted on 8/16/2013. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a repeat CBC. As such, the request for Complete Blood Count is not medically necessary and thus the entire request for all the labs is not medically necessary.