

<b>Case Number:</b>	CM15-0056254		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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:

The injured worker is a 67 year old male, who sustained an industrial injury on 2/07/2001. Diagnoses include chronic migraines, status post cervical spine surgery; status post left shoulder surgery, diabetes mellitus, cervical spine muscle spasm, depression/anxiety and chronic intractable shoulder pain. Treatment to date has included diagnostics, medications, CPAP, onabotulinum toxin injections, Diabetic diet and multiple tooth extractions. Per the most recent Secondary Treating Physician's Progress Report dated 11/18/2014, the injured worker reported a return of his migraine headaches. He reported doing better overall. Physical examination revealed nonantalgic gait. He is using a cane for ambulation. Cervical paraspinal muscles were tight to palpation and trigger points were noted upon exam. There was decreased sensation in his bilateral feet and ankles, described as stable. Strength is 4+/5 in all upper and lower extremities which was described as unchanged. Examination was limited secondary to pain complaints at extremes of motion. He received repeat onabotulinum toxin injections. The plan of care included medications, follow-up with psychiatrist, CPAP mask and follow-up care. Authorization was requested for laboratory evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: CBC, CMP, UA, PT, PTT, Total Testosterone, Microalbuminuria test, & Vitamin D Level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64, 70, 110, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

website [www.nlm.nih.gov/medlineplus/ency/article/003642.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm) [www.nlm.nih.gov/medlineplus/ency/article/003468.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm)

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[www.nlm.nih.gov/medlineplus/ency/article/003707.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003707.htm) [www.nlm.nih.gov/medlineplus/ency/article/003591.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003591.htm) [www.nlm.nih.gov/medlineplus/ency/article/003652.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003652.htm).

**Decision rationale:** The 67 year old patient presents with chronic pain, cervicogenic headaches, hypertension, Type 2 diabetes mellitus, anxiety/depression, dyspepsia, insomnia, hypotestosteronemia, dyslipidemia, xerostomia, and medication-induced constipation, as per progress report dated 12/19/14. The request is for LABS: CBC, CMP, UA, PT, PTT TOTAL TESTOSTERONE, MICROALBUMINURIA TEST, AND VITAMIN D LEVEL. There is no RFA for this case, and the patient's date of injury is 02/07/01. The patient also suffers from migraine headaches and is status post cervical spine surgery and status post left shoulder surgery, as per progress report dated 11/18/14. Medications, as per progress report dated 12/19/14, included Amlodipine, Fluoxetine, Lorazepam, Lyrica, Hydrochlorothiazide, Provigil, Norco, Vitamin D3, Fortesta, Veramyst, Docusate, Benazepril, Metoclopramide, Furosemide, Omeprazole, Flomax, Milk of magnesium, Polyethylene glycol, Hydrocodone, Pilocarpine, Doxycycline, Lantus, Linzess, Lidoderm patch, Doxepin, multivitamin for men, and Farxiga. The patient has been allowed to return to full duty without restrictions, as per progress report dated 11/10/14. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at [www.nlm.nih.gov/medlineplus/ency/article/003642.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm), states that "A complete blood count (CBC) test measures the following: The number of red blood cells (RBC count), The number of white blood cells (WBC count), The total amount of hemoglobin in the blood, and The fraction of the blood composed of red blood cells (hematocrit)." It also says that "It may be used to: Diagnose infections or allergies; Detect blood clotting problems or blood disorders, including anemia; and Evaluate red blood cell production or destruction." As for CMP, MedlinePlus at [www.nlm.nih.gov/medlineplus/ency/article/003468.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm) states that "A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy." The resource also states that "This test will give your doctor information about: How your kidneys and liver are working; Blood sugar, cholesterol, and calcium levels; Sodium, potassium, and chloride levels (called electrolytes); Protein levels. Your doctor may order this test during a yearly exam or routine checkup." MedlinePlus, at <http://www.nlm.nih.gov/medlineplus/ency/article/003569.htm> states that "The 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body." The website also states that "In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin. The active form of vitamin D helps control calcium and phosphate levels in the body." As for Urinalysis, MedlinePlus at [www.nlm.nih.gov/medlineplus/ency/article/003579.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm) states that it is done "As part of a routine medical exam to screen for early signs of disease; If you have signs of diabetes or kidney disease, or to monitor you if you are being treated for these conditions; To check for blood in the urine; To diagnose a urinary tract infection." At <http://www.nlm.nih.gov/medlineplus/ency/article/003652.htm>, MedlinePlus states that "The most common reason to

perform this test is to monitor your levels when you are taking a blood-thinning medicine called warfarin." Regarding PTT, MedlinePlus, at <http://www.nlm.nih.gov/medlineplus/ency/article/003653.htm>, states that it is done to assess bleeding or clotting problems and in patients taking blood-thinning medications. "A PTT test is usually done with other tests, such as the prothrombin test." As per the same website at [www.nlm.nih.gov/medlineplus/ency/article/003707.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003707.htm), total testosterone levels are done in men to evaluate Infertility, erectile dysfunction, low level of sexual interest, infertility, thinning of the bones (in men). The microalbuminuria test is commonly done in diabetes patients with high risk of kidney damage, as per MedlinePlus at [www.nlm.nih.gov/medlineplus/ency/article/003591.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003591.htm). In this case, the none of the progress reports discuss the purpose of the aforementioned lab tests. However, CBC, UA, vitamin D levels, and CMP can be done as part of routine annual examination, as per MedlinePlus. The patient does suffer from hypotestosteronemia and total testosterone level measurement may help evaluate the impact of current treatment. The patient also suffers from diabetes and hypertension, and microalbuminuria test may help lower risk of kidney damage. The treating physician, however, does not discuss the use of PT and PTT tests. There is no documented use of blood-thinning medications, and there is no evident risk of bleeding disorders. Consequently, the request for labs, which include PT and PTT, IS NOT medically necessary.