

<b>Case Number:</b>	CM15-0057340		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 49 year old male, who sustained an industrial injury on 09/20/2011. He reported that while setting up portable walls and tables a wall and some tables fell on him causing the injured worker to be knocked down into a seated position and subsequently caused multiple injuries along with a compromised consciousness that lasted a few seconds. The injured worker was diagnosed as having head contusion, contusion/sprain to the cervical spine with right upper extremity radiculopathy, history of liver and pancreas problems, gastritis, and hypertension. Treatment to date has included magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction study, and medication regimen. In a progress note dated 01/29/2015, the treating physician reports elevated liver function tests. The treating physician requested a hepatitis screen and as previously documented noted elevated liver function tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venipuncture, Lab work; Hepatitis screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 21-42, 208, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder and knee complaints: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." The MTUS is silent on ordering lab tests for chronic low back pain. 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 treating physician is requesting authorization for hepatitis panel. The medical records are silent as to the medical indication for ordering such testing, previous abnormal labs and prior evaluation. This patient does have a known history of liver and pancreas problems. There is no documentation that the patient is on an NSAID. As such, the request for Venipuncture, Lab work; Hepatitis screen is not medically necessary.