

<b>Case Number:</b>	CM15-0085834		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female who sustained an industrial injury on January 28, 2011. She has reported lower back pain and left shoulder pain and has been diagnosed with cervical myofascial syndrome with facetogenic pain generator limited range of motion, left shoulder conditions related to injury and subsequent 2 surgeries, history unknown, persistent nausea and vomiting related to chronic pain and vestibular aggravation in the neck, aggravated by epidural steroid injections, by history, migraine headaches with nausea and vomiting photophobia and vestibular dysfunction, chronic lumbar pain with intervertebral disc dysfunction, left L4-L5 radiculopathy, and left hip myofascial pain syndrome aggravated by lumbar epidural steroid injections. Treatment has included medications, injections, a TENS unit, a home exercise program, and cognitive behavioral therapy. There was tenderness to palpation of the occipital, sub occipital muscles, cervical spine, and trapezei. There was decreased range of motion to the lumbar spine and shoulder. The treatment request included a complete blood count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Completed blood count Qty 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bull-Henry K, Al-Kawas FH. Evaluation of Occult Gastrointestinal Bleeding Am Fam Physician. 2013 Mar 15; 87 (6): 430-436.

**Decision rationale:** The claimant sustained a work injury more than four years ago and continues to be treated for pain affecting the cervical and lumbar spine and left shoulder and hip. When seen, the claimant had noted black and tarry stools. Medications being prescribed were Topamax, Butrans, duloxetine, magnesium, Hysingla, and topical compounded cream. A complete blood count was requested for the evaluation of possible gastrointestinal bleeding. The evaluation of possible gastrointestinal bleeding begins with a fecal occult blood test (FOBT) with further testing dependent on that result. Therefore, requesting a complete blood count without a positive FOBT was not medically necessary.