

Case Number:	CM14-0118470		
Date Assigned:	09/23/2014	Date of Injury:	05/06/2010
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 05/06/2010. The mechanism of injury was not stated. The current diagnosis is central hypertension. The latest physician progress report submitted for this review is documented on 04/15/2014. The injured worker presented with no new complaints. It was noted that the injured worker's blood pressure was well controlled with the current medication regimen. However, the current medication regimen was not listed. Physical examination revealed clear lung sounds. Treatment recommendations included continuation of home blood pressure monitoring. A Request for Authorization form was then submitted on 07/15/2014, for multiple laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work: Complete blood count, Lipid Panel, Total T3, T4, T3 uptake, T3 Free, Free thyroxine TSH, Venipuncture, Basic metabolic panel, Hepatic function panel, Uric acid, GGTP, Serum Ferritin, Vit D, 25 Hydroxy, Apolipoprotein A, Apolipoprotein B, Glyco Hemoglobin A1C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines for periodic lab monitoring for individuals t.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70..

Decision rationale: The California MTUS Guidelines recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function testing. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Routine blood pressure monitoring is also recommended. There was no physician progress report submitted on the requesting date of 07/15/2014. Therefore, the medical necessity for the requested laboratory studies has not been established. There is no documentation of a significant medical condition that would warrant the need for the requested laboratory testing. Based on the clinical information received, the request is not medically appropriate.