

<b>Case Number:</b>	CM14-0133347		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 57-year-old female with a 11/7/01 date of injury. At the time (7/3/14) of request for authorization for Outpatient Labs: Blood Urea Nitrogen (BUN) / creatinine and hepatic function panel, there is documentation of subjective (neck pain radiating to the arms with tingling in the left fingers) and objective (restricted cervical spine range of motion, tenderness over the rhomboids and trapezius, and trigger point with radiating pain) findings, current diagnoses (cervical pain, cervical radiculopathy, cervical spondylosis, and cervical degenerative disc disease), and treatment to date (medications). 7/31/14 medical report identifies a request for blood work since the patient has never completed blood work by the office. There is no documentation of a clearly stated rationale identifying why laboratory tests are needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Labs: Blood Urea Nitrogen (BUN) / creatinine and hepatic function panel:**  
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 Other Medical Treatment Guideline or Medical

Evidence: Medical Necessity of Laboratory Tests  
([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of cervical pain, cervical radiculopathy, cervical spondylosis, and cervical degenerative disc disease. However, despite documentation of a request for blood work since the patient has never completed blood work by the office, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for Outpatient Labs: Blood Urea Nitrogen (BUN) / creatinine and hepatic function panel is not medically necessary.