

Case Number:	CM14-0148187		
Date Assigned:	09/18/2014	Date of Injury:	03/21/2012
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 29-year-old male with a 3/21/12 date of injury. At the time (8/7/14) of request for authorization for Laboratory Studies: CBC with differential, Comprehensive Metabolic Panel and Vitamin D, there is documentation of subjective (radiating severe low back pain) and objective (antalgic gait assisted by a cane, painful and full range of motion of the spine, tenderness to palpitation over the paravertebral muscles with spasm, and unable to perform the heel-to-toe walk) findings, current diagnoses (lumbar vertebral fracture, adjustment disorder with mixed anxiety and depression, and a compression fracture), and treatment to date (medications (including Tamsulosin, Sertraline, and Cialis)). 9/3/14 medical report identifies a for a request to check vitamin D levels as it affects bone healing, testosterone levels given medications and injury with erectile effects, and the CBC and metabolic panel to address the effects of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory Studies: CBC with differential, Comprehensive Metabolic Panel and Vitamin D: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http: www.cigna.com](http://www.cigna.com), www.labtesingonline.org

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)

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline 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 lumbar vertebral fracture, adjustment disorder with mixed anxiety and depression, and a compression fracture. In addition, given documentation of a request to check vitamin D levels as it affects bone healing, testosterone levels given medications and injury with erectile effects, and the CBC and metabolic panel to address the effects of medications, there is 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 Laboratory Studies CBC with differential, Comprehensive Metabolic Panel and Vitamin D is medically necessary.