

<b>Case Number:</b>	CM14-0199833		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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:

This is a 67 year old gentleman who sustained a work related injury to the heart on 02/21/2008. The mechanism of injury is not provided. Per the Primary Treating Physician's Progress Report dated 8/19/2014, the injured worker reported intermittent exertional angina that was relieved by rest. Blood pressure was reported to be borderline with an elevated diastolic blood pressure. Physical Examination revealed clear lungs and negative neck examination. Diagnoses included essential benign hypertension, malignant neoplasm scalp/skin neck and heart disease unspecified. The plan of care included medication management. Work status was not provided. Per the UR, prior treatment has included cardiac catheterization with the placement of two stents. On 11/13/2014, Utilization Review non-certified a prescription for blood work (CBC, lipid panel, total T3, T4, T3 uptake, T3 free, free Thyroxine, TSH, venipuncture, BMP, hepatic function panel, uric acid, GGTP, serum Ferritin, Vit D25 hydroxy, apolipoprotein A & B, glyco Hgb A1C) based on lack of documented medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood work (CBC, lipid panel, total T3, T4, T3 uptake, T3 free, free Thyroxine, TSH, venipuncture, BMP, hepatic function panel, uric acid, GGTP, serum Ferritin, Vit D25 hydroxy, apolipoprotein A & B, glyco Hgb A1C): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Assessment Page(s): 6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, blood work including CBC, lipid panel, total C3, T4, T3 uptake, T-3 free, free Thyroxine, TSH, venipuncture, BMP, hepatic function panel, uric acid, GG TP, serum ferritin, vitamin D 25 hydroxy, APO lipoproteins A&B, glycohemoglobin A1 C are not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. Diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the injured worker is a 67-year-old man with the date of injury February 21, 2008. The injured worker sustained an injury to his right hip while working as a police officer. He underwent a total hip replacement in 2001. The injured worker's working diagnoses are degenerative joint disease; and status post right total hip replacement. The injured worker has comorbid conditions consisting of hypertensive heart disease, coronary atherosclerosis, hypertension, and abnormal electrocardiogram. There are multiple requests for blood testing (supra), however, there is no causal relationship established between the lab tests requested and the initial hip injury. Consequently, absent the appropriate clinical indications and clinical rationale, the request for blood work including CBC, lipid panel, total C3, T4, T3 uptake, T-3 free, free Thyroxine, TSH, venipuncture, BMP, hepatic function panel, uric acid, GG TP, serum ferritin, vitamin D 25 hydroxy, APO lipoproteins A&B, glycohemoglobin A1 C is not medically necessary.