

<b>Case Number:</b>	CM14-0205142		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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: California

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 29 year old male with an industrial injury dated 01/01/2006-07/25/2014. There are 3 progress notes available in the submitted records. The dates of the records are 09/17/2014, 10/31/2014 and 11/11/2014. The record dated 09/17/2014 notes diagnoses of bilateral wrist tendinitis, rule out carpal tunnel syndrome; bilateral elbow sprain/strain and lumbar sprain/strain. Prior treatment documented on this note is acupuncture. The record dated 10/31/2014 notes subjective complaints as exposure to chemicals/dust, shortness of breath, chest pain and back/neck and shoulder pain. Objective findings are documented as within normal limits. Respiratory testing (methacoline challenge report) dated 11/11/2014 is present in the submitted records. In the note dated 10/31/2014 under diagnosis and treatment rendered "see attachment A" is noted. This attachment is not in the submitted records. The notes dated 09/17/2014 and 11/11/2014 are difficult to read. The request is for venipuncture and unspecified lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deny: venipuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation [www.labtestsonline.com](http://www.labtestsonline.com).

**Decision rationale:** Regarding the request for venipuncture, it is noted that the unspecified lab work is not medically necessary. As such, there is no indication for venipuncture. In light of the above issues, the currently requested venipuncture is not medically necessary.

**Unspecified lab work:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation [www.labtestsonline.com](http://www.labtestsonline.com).

**Decision rationale:** Regarding the request for unspecified lab work, CA MTUS and ODG do not address the issue. Without documentation of the specific lab tests being requested, there is no clear indication for this request. In light of the above issues, the currently requested unspecified lab work is not medically necessary.