

Case Number:	CM15-0010209		
Date Assigned:	01/27/2015	Date of Injury:	06/24/2010
Decision Date:	05/21/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 39-year-old male who sustained an industrial injury on 06/24/2010. The injured worker reportedly suffered a low back strain while attempting to restrain an inmate. The current diagnoses include anxiety, insomnia, and depression. The injured worker presented on 12/09/2014 for a followup evaluation. It was noted that the injured worker was utilizing Wellbutrin, buspirone, and Celexa. The injured worker reported an improvement in symptoms with the use of the current medication regimen. Chronic problems included a benign neoplasm in the pituitary gland, unspecified anxiety, insomnia, resolved backache, depression, and irritable bowel syndrome. Upon examination, there was a normal gait and station, no evidence of tenderness or a decrease in range of motion, no focal deficits, no acute distress, and normal mood and affect. The injured worker was issued a refill of the current medication regimen. The physician also provided dietary counseling. A Request for Authorization form was submitted on 12/10/2014 for a CBC, CMP, lipid panel, and CNH.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB: CBC QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LAB TESTING. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, EVALUATION AND MANAGEMENT OF COMMON HEALTH PROBLEMS AND FUNCTIONAL RECOVERY IN WORKERS, SECOND EDITION, 2004, PAGE 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015.

Decision rationale: According to the American Association for Clinical Chemistry, a complete blood count may be ordered when a patient has any number of signs or symptoms that may be related to a disorder affecting the blood cells. When a patient has been diagnosed with a disease known to affect blood cells, a CBC will often be ordered on a regular basis to monitor the condition. In this case, it was noted that the injured worker underwent extensive laboratory testing to include a CBC on 11/04/2013. The laboratory report indicated normal findings with regard to the CBC. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality. There is no documentation of a diagnosed condition or disease that is known to affect blood cells requiring a CBC test on a regular basis. As the medical necessity has not been established in this case, the request is not medically necessary at this time.

LAB: CMP QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, EVALUATION AND MANAGEMENT OF COMMON HEALTH PROBLEMS AND FUNCTIONAL RECOVERY IN WORKERS, SECOND EDITION, 2004, PAGE 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015.

Decision rationale: According to the American Association for Clinical Chemistry, the comprehensive metabolic panel is used as a broad screening tool to evaluate organ function and to assess for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension and kidney or liver related side effects from specific medications. In this case, it is noted that the injured worker is currently utilizing Wellbutrin, Celexa, and Buspar. The injured worker does not maintain a medical history of hypertension or kidney or liver disease. According to the documentation provided, the injured worker underwent extensive laboratory testing on 11/04/2013 to include a comprehensive metabolic panel. Although there was a slight elevation of blood glucose and ALT, there is no documentation of any signs or symptoms suggestive of an abnormality to support the necessity for repeat testing at this point. There is no documentation of side effects or adverse reactions to medications. As the medical necessity has not been established in this case, the request is not medically necessary at this time.

LAB: LIPID PANEL QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, EVALUATION AND MANAGEMENT OF COMMON HEALTH PROBLEMS AND FUNCTIONAL RECOVERY IN WORKERS, SECOND EDITION, 2004, PAGE 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015.

Decision rationale: According to the American Association for Clinical Chemistry, the lipid profile is part of a cardiac risk assessment to help determine an individual's risk of heart disease. It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every 5 years. In this case, there is no documentation indicating the injured worker is at high risk of developing cardiovascular disease. It is also noted that the injured worker underwent extensive laboratory testing on 11/04/2013 to include a lipid profile. Although there was a slight elevation noted in the cholesterol and total triglycerides, there is no documentation of any signs or symptoms suggestive of an abnormality to support the necessity for repeat testing. The injured worker does not currently utilize medication for hyperlipidemia. There is no indication that this injured worker is involved in a diet and exercise program. The medical necessity for the requested laboratory testing has not been established in this case. Therefore, the request is not medically necessary at this time.