

<b>Case Number:</b>	CM15-0015781		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/02/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female who sustained a work related injury on November 2, 2005, incurring back injuries. Diagnoses included lumbar herniated nucleus pulposus, lumbar radiculopathy, myofascitis and lateral epicondylitis. Treatment included facet blocks, pain medications, anti-inflammatory medications and muscle relaxants. Currently, the injured worker complains of stiffness, cramping in the lower back, muscle spasms muscular tightness and a urinary tract infection. On February 3, 2015, a request for laboratory tests including Complete Blood Count (CBC), Complete metabolic panel and a Vitamin D3 was non-certified by Utilization Review, noting, the California Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood work - CMP, CBC, Vitamin D3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.ciga.com/assets/docs/health-care-professionals/coverage\\_positions/ph\\_1211\\_coveragepositionscriteria\\_jakafi.pdf](http://www.ciga.com/assets/docs/health-care-professionals/coverage_positions/ph_1211_coveragepositionscriteria_jakafi.pdf)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carobene, A., et al. (2013). "A systematic review of data

on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10): 1997-2007 Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." Dermatol Clin 25(2): 195-205, vi-ii. A systematic review of data on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10).

**Decision rationale:** MTUS and ODG guidelines are silent regarding the indication of the requested blood work up. There is no clear evidence of liver dysfunction or risk of liver disease, presence of myopathy or risk of muscle disease, presence of autoimmune disease or systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rational behind ordering these test. Therefore, the request for Blood work - CMP, CBC, Vitamin D3 is not medically necessary.