

<b>Case Number:</b>	CM15-0129840		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 65 year old male, who sustained an industrial injury on 1/4/2011. He reported being involved in a motor vehicle accident with multiple injuries to his head, neck, jaw, back, left knee and left calf. Diagnoses have included neck sprain-strain, shoulder-arm sprain-strain, chronic pain syndrome and seizure disorder. Treatment to date has included physical therapy, psychotherapy, acupuncture and medication. According to the progress report dated 5/4/2015, the injured worker complained of pain in the neck, right shoulder and jaw. He complained of pain in his neck, bilateral shoulders and fingers rated four to eight out of ten. The review of systems was positive for headaches, dizziness, muscle pain, depression and anxiety. Objective findings revealed tenderness at the cervical paraspinals and left temporomandibular joint. The injured worker ambulated with a single point cane. Authorization was requested for a comprehensive metabolic panel (CMP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Metabolic Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/> - Comprehensive metabolic panel.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, CMP.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines states the requested blood work is used in assessing renal, hepatic and electrolyte disorders. The patient has no primary renal, hepatic or electrolyte disorders and is on no medication that requires blood panel monitoring. Therefore, the request is not certified.