

Case Number:	CM15-0023362		
Date Assigned:	03/19/2015	Date of Injury:	11/13/2009
Decision Date:	05/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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 59-year-old male who reported an injury on 11/13/2009. The mechanism of injury was falling off the gate of a truck. The injured worker has previously undergone a cervical spine operation fixation in 08/2010. The injured worker has also undergone neck, right shoulder, left hip surgeries with the date and type of surgeries not documented. The injured worker has completed 8 sessions of acupuncture with gains in flexibility and agility. His medications include Klonopin, Trazodone. Previous diagnostic studies include an MRI of the brain without contrast from 02/06/2012 that notes right matter disease likely representing chronic small vessel ischemic changes/microangiopathy. There were no acute intracranial process or other worrisome abnormalities present. There was mucosal thickening/inflammation of the paraspinal sinuses. The injured worker has previously had surgery on his neck, right shoulder, and left hip. The hip surgery was necessitated because of a fall due to his persistent balance problems. The injured worker states that he has balance problems that remain poor, as well as tremors in the hands and arms that have developed since the accident. He reports that he also has disc bulges in his low back and that he has cramping and spasm in the muscles of his calves. His memory is not the same and he has to write things down. The injured worker also notes that he gets very impatient and emotional and very antsy when he has to wait. The injured worker notes that his tremors in his arms and hands started after the accident and that he attempted to stop the tremors by stopping by antidepressant medication, but this failed. The injured worker also feels as if he has worms or squirming in his calves. He has headaches that occur daily at the baseline of his skull. The physical exam notes that his pupils were unequal, round and reactive to light accommodation at 4 mm on the right and 5 mm on the left. There was ptosis on the right. There was also slight arterial narrowing. The injured worker also had decreased temporal pulses. The

liver edge was felt about 1 fb below the costal margin and percussed out to about 12 cm. There were masses or bruits or splenomegaly. There was tenderness to palpation with bowel sounds present and abdominal reflexes were absent. The injured worker had a negative straight leg raise with spasm and tenderness to palpation at the paraspinal muscles. The facial strength showed decreased right platysma contraction. There was no glabellar response, as well as there was no jaw jerk reflex present. There were very subtle orofacial dyskinesias that consisted of twisting of his mouth and extruding of his tongue. The injured worker had normal strength and muscle tone with a decreased arm swing bilaterally. The injured worker had trace reflexes at the right biceps with 0 reflexes on all other areas. There were moderately to severe bilateral coarse tremors. The injured worker could not do a tandem walk or walk on the heels and toes. The injured worker had a wide based gait and station that was not antalgic. The injured worker had 6/10 pain and with medications, the injured worker had 4/10 pain. The injured worker is able to walk over a mile with medications and was able to walk 20 to 30 minutes before he had medications. The medications take effect within an hour and last for 3 to 4 hours. The treatment plan was for the injured worker to receive a new MRI so it could be compared to the previous to rule out hydrocephalus from the effects of the injured worker's fall. There was also a request for lab studies to rule out treatable causes for ataxia and for an EEG to see if the injured worker has any abnormal changes in rhythm frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, MRIs (magnetic resonance imaging).

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The Official Disability Guidelines recommend MRIs for the brain to determine neurological defects not explained by a CT scan. They are also used to evaluate prolonged interval of disturbed consciousness and define evidence of acute changes superimposed on previous trauma or disease. Neuroimaging is not recommended in patients who sustain a concussion/mild TBI beyond the emergency phase of 72 hours post injury except if the condition deteriorates or red flags are noted. The previous MRI notes that there was white matter disease likely representing chronic small vessel ischemic changes/microangiopathy with

no acute intracranial process or other worrisome abnormalities present. There was mucosal thickening/inflammation of the paraspinal sinuses. The injured worker also has a memory problem. There was no documentation that there has been evidence of any acute changes superimposed from the previous trauma since the injured worker has received the previous MRI. There was also no documentation of any deteriorating condition or red flags noted that have appeared since the previous MRI was completed. Therefore, the request for an MRI of the brain is not medically necessary.

Labs: Hepatic Functional: 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/pubmed/18516000>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He has subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He has signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker has a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker has tremors in his arms and hands that started after the accident. The labtestsonline.org note that a liver panel may be ordered for someone that is at risk for liver function. People who take medications that potentially damage the liver or who were alcoholics or heavy drinkers. They are also recommended for people who have a known history of possible exposure to hepatitis virus or who have families with a history of liver disease. There was no documentation that the injured worker had any indications for the need of a liver panel to be completed. There was no documentation of the injured worker having any history or known possible exposure to hepatitis virus or have a family history of liver disease. Therefore, the request for the hepatic function lab test is not medically necessary.

Labs: Basic MCT 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/pubmed/PMH0003934>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He has subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He has signs of

significant large fiber sensory loss without a positive Romberg's sign. The injured worker has a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker has tremors in his arms and hands that started after the accident. The labtestsonline.org notes that lipid panels, including triglycerides are recommended every 5 years to evaluate the risk of heart disease in healthy adults. It is also used for treatment in people who have had high triglycerides or people who have identified risk factors for heart disease. There is no documentation provided that notes the injured worker has a risk for heart disease. There is no documentation that the injured worker has had previously high triglycerides or has a high risk of heart disease. Therefore, the request for a basic MCT panel is not medically necessary.

Labs: Sedrate: Overturned

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/PMH0004104>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/esr/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He has subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He has signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker has a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker has tremors in his arms and hands that started after the accident. The labtestsonline.org notes that a sed rate is recommended for patients that have a condition or disease that is suspected of causing inflammation somewhere in the body. They may be ordered if the patient has symptoms such as headache, neck or shoulder pain, pelvic pain, anemia, poor appetite, and unexplained weight loss. The documentation does note that the injured worker has frequent headaches that occur daily, as well as weight loss. Therefore, the request for sedrate is medically necessary.

Labs: Lipid 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/pmc/articles/PMC3068759>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be

considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker has tremors in his arms and hands that started after the accident. The labtestsonline.org notes that lipid panels, including triglycerides are recommended every 5 years to evaluate the risk of heart disease in healthy adults. It is also used for treatment in people who have had high triglycerides or people who have identified risk factors for heart disease. There is no documentation provided that notes the injured worker has a risk for heart disease. There was no documentation that the injured worker has had previously high triglycerides or has a high risk of heart disease. Therefore, the request for a basic lipid panel is not medically necessary.

Labs: Electrophoresis: 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/pubmed/11986402>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/electrophoresis/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The use of electrophoresis may be ordered for patients with symptoms of an inflammatory condition or to a follow-up of abnormal findings. It is also to monitor treatment of multiple myeloma. It is also used when protein is present in urine in higher than normal amounts to determine the source of the abnormally high protein and to determine if the protein is escaping from the blood plasma. It was also used to search for characteristic bandings seen in multiple sclerosis. The labtestsonline.org also notes that it is to evaluate people having headaches or other neurological symptoms to look for proteins suggested of inflammation or infection. There is documentation that the injured worker is having headaches and neurological symptoms that would be suggestive of an inflammation or infection. However, the request does not specify the type of electrophoresis that is being ordered. There are different types, such as serum electrophoresis, urine protein electrophoresis, CSF protein electrophoresis, and immunofixation electrophoresis. Therefore, the request for an electrophoresis is not medically necessary.

Labs: ACTH plasma: 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/pubmed/4302180>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/acth/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org notes that ACTH is recommended for patients with signs or symptoms or excess or deficient cortisol. Too much cortisol symptoms could include obesity, rounded face, fragile skin, purple lines on the abdomen, muscle weakness, and increased hair. Insufficient cortisol production may exhibit signs such as muscle weakness, fatigue, weight loss, increased skin pigmentation, and loss of appetite. There is no documentation that the injured worker has any muscle weakness, lines on the skin, rounded face, recent weight loss, or increased skin pigmentation. Therefore, the request for an ACTH plasma lab is not medically necessary.

Labs: Cortisol: 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/PMH0004157>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/cortisol/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker has a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org note that the cortisol test may be ordered when a patient has symptoms of high level cortisol that include high blood pressure, high blood sugar, obesity, fragile skin, purple streaks on the abdomen, or muscle wasting and weakness. They may also be ordered for patients symptomatic of low level of cortisol such as weight loss, weakness, fatigue, abdominal pain, and dark patches on the skin. There was no documentation that the injured worker has any purple streaks on the abdomen or dark patches on the skin. There was also no documentation that the injured worker has a high blood sugar or blood pressure, as well as any obesity or weight loss. Therefore, the request for a cortisol lab is not medically necessary.

Labs: ANA: Overturned

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/pubmed/10629135>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/ana/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org note that ANA tests are ordered for patients with low grade fever, persistent fatigue or weakness, arthritis like pain, red rash, sensitivity to light, hair loss, muscle pain, numbness or tingling in hands, or inflammation and damage to organs and tissues including kidneys, lungs, heart, lining of the heart, central nervous system, and blood vessels. The injured worker did note to have 6/10 pain. Therefore, the request for ANA is medically necessary.

Labs: ANA cascading reflex: Overturned

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/pubmed/10629135>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/ana/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org note that ANA tests are ordered for patients with low grade fever, persistent fatigue or weakness, arthritis like pain, red rash, sensitivity to light, hair loss, muscle pain, numbness or tingling in hands, or inflammation and damage to organs and tissues including kidneys, lungs, heart, lining of the heart, central nervous system, and blood vessels. The injured worker does note to have 6/10 pain. Therefore, the request for ANA cascading reflex is medically necessary.

Labs: CK total: Overturned

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/PMH0003974>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/ck/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org notes that a CK test may be ordered when muscle damage is suspected at regular intervals to monitor continued damage. It may be ordered for someone who has experienced physical trauma, such as crushing injuries or extensive burns. It also may be ordered when a person has symptoms associated with muscle injuries such as muscle pain or weakness. The injured worker did have documented muscle pain that is 6/10. The injured worker had a previous injury where he hit his head and was knocked unconscious. The injured worker now has tremors in the arms and legs. He had problems with his memory and cramping and spasm in the muscles of his calves. Therefore, the request for CK total is medically necessary.

Labs: Ferritin: 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/PMH0003961>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/ferritin/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone, which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org note that the ferritin test may be ordered along with other iron tests after a routine CBC shows the present hemoglobin and hematocrit are low and the red blood cells are smaller and paler than normal. There was no documentation of the injured worker receiving a CBC that showed the hemoglobin and hematocrit being low. There was also no documentation that the injured worker's red blood cells appeared to be smaller and paler than normal. Therefore, the request for ferritin is not medically necessary.

Labs: Iron total: 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/PMH0003960>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/ferritin/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone, which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org note that the ferritin test may be ordered along with other iron tests after a routine CBC shows the present hemoglobin and hematocrit are low and the red blood cells are smaller and paler than normal. There was no documentation of the injured worker receiving a CBC that showed the hemoglobin and hematocrit being low. There was also no documentation that the injured worker's red blood cells appeared to be smaller and paler than normal. Therefore, the request for iron total is not medically necessary.

Labs: Hep B surface: 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/pubmed/10835094>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/hepatitis-b/tab/test>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker has tremors in his arms and hands that started after the accident. Hepatitis B test may be ordered when someone has signs and symptoms such as fever, fatigue, loss of appetite, nausea and vomiting, abdominal pain, dark urine, or jaundice. They may also be done after hepatitis B. They may also be done when routine test results such as ALT and/or AST are elevated. There is no documentation provided that notes that the injured worker has any elevated ALT or AST previous test results. There is also no documentation that the injured worker has any fever, fatigue, loss of appetite, nausea and vomiting, joint pain, or dark urine. Therefore, the request for hepatitis B surface lab is not medically necessary.

Labs: HIV 1&2: 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/pubmed/9971817>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/hiv-antibody/tab/test/>.

Decision rationale: The injured worker has cerebral degeneration with midline and appendicular ataxia that is mild to moderately severe and normal tone, which should be considered loss of tone. He had subtle orofacial dyskinesias, but no other sign of extrapyramidal disease. He had signs of significant large fiber sensory loss without a positive Romberg's sign. The injured worker had a loss of lower limb reflexes. The injured worker feels as though worms are in his calves with headaches that occur daily. The injured worker had tremors in his arms and hands that started after the accident. The labtestsonline.org notes that annual screening is advised for patients at a high risk for HIV such as the patient having unprotected sex with more than 1 partner since the last HIV test, a man who has had sex with a man, the use of street drugs by injection, or uncertain of their sexual partner's risk behaviors. People who are also diagnosed with hepatitis, tuberculosis, and sexually transmitted diseases should be tested at least 1 time for HIV. There is no documentation that the injured worker has had any unprotected sex or any sexual risk behaviors that would require the need for an HIV test. There is also no documentation of the injured worker using any street drug by injection. The injured worker has not been diagnosed with hepatitis, tuberculosis, or a sexually transmitted disease. There was also no documentation that the injured worker had received a blood transfusion prior to 1985 or was a healthcare worker. Therefore, the request for HIV 1 and 2 is not medically necessary.