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## Independent Medical Review Final Determination Letter

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Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0019538	<b>Date of Injury:</b>	08/09/2006
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	"COMPLETE BLOOD COUNT`URINALYSIS`LIVER & KIDNEY PANEL"		

DEAR ██████████,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60 years old female with history of lower back pain that radiates to the lower extremities, and neck pain following a work related injury on August 9, 2006. The patient status post spinal cord stimulator implantation, and post laminectomy syndrome. The patient has undergone PLIF at L5-S1 in 2009. EMG studies performed by [REDACTED] revealed evidence of S1 radiculopathy. A DEXA study revealed evidence of Osteoporosis.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Complete blood count is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3), pg. 53, which is part of the MTUS. Chronic Pain Medical Treatment Guidelines, pg. 68, which is part of the MTUS.

Source: Anemia | University of Maryland Medical Center

<http://umm.edu/health/medical/reports/articles/anemia#ixzz2nGrtoaNW>, which is not part of the MTUS.

The Physician Reviewer's decision rationale: A complete blood count (CBC) is a panel of tests that measures red blood cells, white blood cells, and platelets. For diagnosis of anemia, the CBC provides critical information on the size, volume, and shape of red blood cells (erythrocytes). CBC results include measurements of hemoglobin, hematocrit, and mean corpuscular volume.

The request for complete blood count in the management of a patient with chronic pain could be justified if the patient is suspected to be having anemia. If the anemia is due to Vitamin B12

deficiency, the patient may exhibit numbness and tingling sensation of the extremities. Anemia could also be due to chronic blood loss from NSAID induced Gastric or Duodenal ulcers. ■■■■■ is prescribing Ms Contin X 2/day; Norco 10X 1-4/day; Soma, Topomax and Nortriptyline. Omeprazole is prescribed by her private physician as well as Vasotec, Estradiol, Aspirin, Calcitonin, Calcium and Vitamin D.

There is no diagnosis of Aspirin (NSAID) induced gastric or duodenal Ulcers. The employee is currently prescribed Omeprazole which is supposed to reduce gastroduodenal injury in patients who are high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. The medical records provided for review did not show that the treating physician indicating the reason for requesting a complete blood count for the employee. **The request for complete blood count is not medically necessary and appropriate.**

## **2. Urinalysis is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carbamazepine, pg. 21. Which is part of the MTUS.

The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines, Carbamazepine, recommend for patients with trigeminal neuralgia who are considered a candidate for Carbamazepine therapy, a pretreatment CBC, Urinalysis, BUN, Liver Function test, thyroid function test, and serum sodium should be obtained for monitoring purposes. The medical records provided for review indicated that a test for urinalysis was requested on 6/28/2013, however details of this test including the reason for ordering the test, as well as test results were not provided for review. There is no indication that this employee has Trigeminal Neuralgia, and no documentation as to why urinalysis was requested. **The request for a urinalysis is not medically necessary and appropriate.**

## **3. Liver and kidney panel is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carbamazepine, pg. 21. Which is part of the MTUS.

The Physician Reviewer's decision rationale: MTUS recommended that for patient with trigeminal neuralgia who are considered a candidate for Carbamazepine therapy, a pretreatment CBC, Urinalysis, BUN, Liver Function test, thyroid function test, serum sodium should be obtained for monitoring purposes. However there is no indication that this employee has Trigeminal Neuralgia, and no documentation as to why urinalysis was requested. The medical records provided for review indicated that a test for liver and kidney panel was requested on 6/28/2013, however details of this test including the reason for ordering the test, as well as test results were not provided for review. **The request for liver and kidney panel is not medically necessary and appropriate.**

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[REDACTED]

CM13-0019538