

Case Number:	CM13-0029827		
Date Assigned:	11/01/2013	Date of Injury:	12/12/2005
Decision Date:	03/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/25/2013

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California, New Jersey and Pennsylvania. 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.

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 patient sustained a work related injury on December 12, 2005. According to the note of August 6, 2013, her physical examination was normal. There is no heartburn, dysphagia, normal lung and abdomen examination

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Lab: CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71. Decision based on Non-MTUS Citation 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.

Decision rationale: According to MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile. There is no clear documentation that the patient was recently taking NSAIDs or at increasing risk of bleed. CBC can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rational behind ordering this test. Therefore, the request for CBC testing is not medically necessary.

request for Electrolyte panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: The patient file did not document any electrolytes abnormalities, liver or renal dysfunction that require Electrolyte panel testing. Therefore Electrolyte panel test is not medically necessary.

request for Triiodothyronine T3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taylor, P. N., et al. (2013). "Clinical review: A review of the clinical consequences of variation in thyroid function within the reference range." J Clin Endocrinol Metab 98(9): 3562-3571.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of Triiodothyronine T3 testing. Abnormal Triiodothyronine T3 level reflects a thyroid disease. There is no documentation in the patient chart of a history of thyroid damage or ongoing thyroid disease. Therefore, the request for Triiodothyronine T3 testing is not medically necessary.

request for Thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taylor, P. N., et al. (2013). "Clinical review: A review of the clinical consequences of variation in thyroid function within the reference range." J Clin Endocrinol Metab 98(9): 3562-3571.

Decision rationale: There is no clinical evidence in the patient file suggesting thyroid dysfunction. Therefore testing for Thyroxine is not medically necessary.

request for Thyroid hormone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taylor, P. N., et al. (2013). "Clinical review: A review of the clinical consequences of variation in thyroid function within the reference range." J Clin Endocrinol Metab 98(9): 3562-3571.

Decision rationale: There is no clinical evidence in the patient file suggesting thyroid dysfunction. Therefore testing for Thyroid hormone is not medically necessary.

request for Lab: TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taylor, P. N., et al. (2013). "Clinical review: A review of the clinical consequences of variation in thyroid function within the reference range." J Clin Endocrinol Metab 98(9): 3562-3571.

Decision rationale: There is no clinical evidence in the patient file suggesting thyroid dysfunction. Therefore testing for TSH is not medically necessary.

request for Lab: Hepatic Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: There is no documentation in the patient chart of a history of liver damage, risk of liver damage or ongoing liver disease. Therefore, the request for Lab, Hepatic panel testing is not medically necessary.

request for Lab: Uric Acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clinical evidence that the patient is suffering from gout. There is no clinical evidence that he is at risk of having abnormal uric acid metabolism. Therefore testing for uric acid is not medically necessary.

request for Lab: GGT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of Gamma-glutamyl transferase (GGT) testing. GGT is a liver enzyme that is elevated in case of liver damage. There is no documentation in the patient chart of a history of liver damage or ongoing liver disease. Therefore, the request for GGT testing is not medically necessary.

request for Lab: Fatty Acid Profile: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clinical evidence that the patient have abnormal fatty acid metabolism or at risk of developing elevated cholesterol or triglyceride levels. Therefore, testing for fatty acid level is not medically necessary.

request for Lab: Vitamin D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no rational that justify testing for Vitamin D in this patient. There is no documentation of previous vitamin D deficit or evidence of osteoporosis. Therefore, testing for vitamin D is not medically necessary.

request for Hemoglobin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clinical evidence in the patient file suggesting that the patient is anemic or at risk of bleeding. Therefore, testing for Hemoglobin is not medically necessary.

request for Apolipoprotein: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: The patient does not have a documented lipid profile abnormalities. Therefore the request for Apolipoprotein is not medically necessary.

request for Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 77-78, 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient is taking or abusing illicit drugs. Therefore, the Urinalysis is not medically necessary. –––––

request for Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no clinical evidence from the patient chart that she has an active coronary artery disease or arrhythmia. Therefore, the request for Electrocardiogram is not medically necessary.