MAXIMUS Federal Services

Case Number:	CM13-0044800		
Date Assigned:	12/27/2013	Date of Injury:	01/13/2000
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitaiton, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 68-year-old who reported an injury on May 19, 1969. The mechanism of injury was not stated. The patient is diagnosed with benign hypertension. A Request for Authorization was submitted by [redacted] on December 5, 2013 for blood work once every 6 months. However, there was no Physician Progress Report submitted on the requesting date. The latest Physician Progress Report submitted for this review is documented by [redacted] on Augusr 22, 2013. The patient reported no new complaints. The patient stated his blood pressure was well controlled with the current medication regimen. Physical examination revealed normal findings. Treatment recommendations at that time included continuation of current medication and a follow-up visit in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC WITH DIFFERENTIAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter, Preoperative Testing

Decision rationale: Official Disability Guidelines state a complete blood count is indicated for patients with diseases that increase the risk of anemia or in patients whom significant perioperative blood loss is anticipated. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory study has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for repeat testing was not provided. The request for CBC with differential is not medically necessary or appropriate.

LIPID PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory testing has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat testing has not been provided. The request for a lipid panel is not medically necessary or appropriate.

TRIIODOTHYRONINE T3 LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A T3 test is used to assess thyroid function. It is ordered primarily to help diagnose hyperthyroidism and may be ordered to help monitor the status of a person with a known thyroid disorder. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory testing has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study has not been provided. The request for a Triiodothyronine T3 laboratory exam is not medically necessary or appropriate.

THYROXINE LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A thyroid panel is used to screen for or help diagnose hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study was not provided. The request for Thyroxine labwork is not medically necessary or appropriate.

THYROID HORMONE LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A thyroid panel is used to screen for or help diagnose hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study was not provided. The request for thyroid hormone labwork is not medically necessary or appropriate.

TRIIODOTHYRONINE, T3 FREE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A T3 test is used to assess thyroid function. It is ordered primarily to help diagnose hyperthyroidism and may be ordered to help monitor the status of a person with a known thyroid disorder. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory testing has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study has not been provided. The request for Triiodothyronin, T3 free, is not medically necessary or appropriate.

THYROXINE LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A thyroid panel is used to screen for or help diagnose hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study was not provided. The request for Thyroxine labwork is not medically necessary or appropriate.

THYROID STIMULATING HORMONE (TSH) LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A thyroid panel is used to screen for or help diagnose hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study was not provided. The request for TSH labwork is not medically necessary or appropriate

BASIC METABOLIC PROFILE (BMP) LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter, Preoperative Testing Section

Decision rationale: The Official Disability Guidelines state electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormality or a renal failure. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat study was not provided. The request for BMP labwork is not medically necessary or appropriate

HEPATIC PANEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDS and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory studies on April 25, 2013. The medical rationale for the requested repeat testing was not provided. The request for a hepatic panel is not medically necessary or appropriate.

URIC ACID LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in patients undergoing chemotherapy or radiation treatment for cancer. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity has not been established. It is also noted that the patient underwent laboratory testing on April 25, 2013. The medical rationale for the requested repeat testing was not provided. The request for uric acid labwork is not medically necessary or appropriate.

GAMMA GLUTAMYL TRANSFERASE (GGT) LABOWRK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: The gamma glutamyl transferase test may be used to determine the cause of elevated alkaline phosphatase. A GGT test may be ordered when a patient has an elevated ALP level. An ALP test may be ordered alone or as part of a routine liver panel to screen for liver damage even if no symptoms are present. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory testing has not been established. It is also noted that the patient underwent laboratory screening on April 25, 2013. The medical rationale for the requested repeat testing was not provided. The request for GGT labwork is not medically necessary or appropriate.

VITAMIN D, 25-HYDROXY LABWORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: A vitamin D test is used to determine if bone weakness, bone malformation, or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. The test may be requested when an individual is known to be at risk of vitamin D deficiency. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory testing has not been established. It is also noted that the patient underwent laboratory testing on April 25, 2013. The medical rationale for the requested repeat testing was not provided. The request for vitamin D, 25-hydroxy labwork is not medically necessary or appropriate

HEMOGLOBIN LABWORK (A1C TEST): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: The A1C test is used to monitor the glucose control of diabetics over time. An A1C test may be ordered as part of a health check up or when a patient is suspected of having diabetes secondary to signs or symptoms of increased blood glucose levels. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory testing has not been established. It is also noted that the patient underwent laboratory screening on April 25, 2013. The medical rationale for the requested repeat test was not provided. The request for an A1C Test is not medically necessary or appropriate.

APOLIPOPROTEIN LABWORK (LBA): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: The LPA test is also known as lipoprotein, and is used to identify the presence of LPA as a possible risk factor in development in cardiovascular disease. LPA is not routinely ordered as part of a lipid profile. However, LPA and several other cardiac risk markers may be ordered on patients who have a strong family history of premature CVD that is not explained by high LDL or low HDL. There was no Physician Progress Report submitted on the requesting date. Therefore, the medical necessity for the requested laboratory test has not been established. It is also noted that the patient underwent laboratory screening on April 25, 2013. The medical rationale for the requested repeat testing was not provided. The request for an LBA is not medically necessary or appropriate.