MAXIMUS Federal Services

Case Number:	CM13-0060208		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2004
Decision Date:	03/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/03/2013

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 Emergency 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. 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 was injured on July 6, 2004. He was diagnosed with coccidioidomycosis and treated with diflucan. Chest x-rays were normal. The patient continued to be treated with the antifungal agent, experiencing fatigue approximately once weekly. Requests for lipid panel, total thyroxine, thyroid hormone uptake, free triiodothyronine, free thyroxine, thyroid stimulating hormone, glutalmyltransferase, hemoglobin A1c, apolipoprotein, total triiodothyronine, r=uric acid, ferritin, and vitamin D were submitted on November 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipid Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are

nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor lipid profile. Medical necessity is not established.

Thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor total thyroxine level. Medical necessity is not established.

Thyroid Hormone (t3 or t4) Uptake or Thyroid Hormone Binding Ratio: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

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Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral

antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor thyroid hormone binding ratio. Medical necessity is not established.

Triiodothyronine t3; free: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor free triiodothyronine level. Medical necessity is not established.

Thyroxine; free: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

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rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor free thyroxine level. Medical necessity is not established.

Thyroid Stimulating Hormone (tsh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor TSH level. Medical necessity is not established.

Glutamyltransferase, gamma (ggt): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis.

A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor gamma glutamyl transferase level. Medical necessity is not established

Hemoglobin; Glycosylated (alc): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

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Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor glycosylated hemoglobin level. Medical necessity is not established.

Apolipoprotein: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

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rarely cause hepatic disease. There is no indication to monitor apolipoprotein level. Medical necessity is not established.

Triiodothyronine t3; total (tt-3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor total triiodothyronine level. Medical necessity is not established.

Uric Acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor uric acid level. Medical necessity is not established.

Ferritin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory diagnoses of coccidioidomycosis.

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Vitamin D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

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Decision rationale: Coccidioidomycosis is a fungal infection. Most infections are caused by inhalation of spores. The clinical expression of disease ranges from self-limited acute pneumonia (Valley Fever) to disseminated disease, especially in immunosuppressed patients. Several routine tests are commonly abnormal, especially with early coccidioidal pneumonia, but all are nonspecific. These include a slight increase in the peripheral white blood cell count, peripheral eosinophilia, and an elevated erythrocyte sedimentation rate. Patients are treated with oral antifungals if indicated by the severity of the disease. Ongoing monitoring of the disease includes serial serologic testing for complement fixing-type anti-coccidioidal antibodies and rechecking of radiographic abnormalities. serologic testing for complement fixing-type anti-coccidioidal antibodies should be repeated at least once several weeks after the initial diagnosis. A rise in antibody concentrations may be associated with progressive disease. Diflucan can rarely cause hepatic disease. There is no indication to monitor vitamin D level. Medical necessity is not established.