

Case Number:	CM14-0001010		
Date Assigned:	01/22/2014	Date of Injury:	09/30/2003
Decision Date:	07/08/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 injured worker is a 61-year-old male with a reported date of injury on 09/30/2003. The injured worker complained of moderate to severe back pain. The injured worker had blood work performed on 08/23/2013. The clinical information provided for review includes an exam date from 09/18/2013, 10/30/2013, 11/22/2013, and an exam dated 12/18/2013. According to the documentation related to the exam dates, the injured worker did not have objective findings of change in physical status. According to the clinical note 11/20/2013, the physician noted that the injured worker had no new complaints, "feels good," and blood pressure is controlled with medications. The injured worker's diagnoses included severe osteoarthritis in the right shoulder, moderate arthritis in the left shoulder, moderate to severe disc collapse, loss of cervical lordosis, and moderate to severe foraminal stenosis in C6-7. The injured worker's medication regimen included Norflex, Norco, and Ramipril. The request for authorization of lipid panel, triiodothyronine T3 total, thyroxine, thyroid hormone (T3 and T4) uptake, triiodothyronine T3 free, thyroxine; free, thyrotropin releasing hormone (trh) stimulation panel, Glutamyltransferase, Ferritin, Vitamin D; 25 Hydroxy, Hemoglobin; Glycosylated, Apolipoprotein, Albumin; urine, Microalbumin, urinalysis, and electrocardiogram, rhythm ECG, 1 through 3 leads with interpretation and report, echocardiography, transthoracic, real time with image and Doppler echocardiography, Doppler echocardiography color flow velocity mapping, as well as supplies and materials was submitted on 12/18/2013. The rationale for the request was not provided within the documentation available for review

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: The California MTUS Guidelines NSAIDs recommend periodic lab monitoring of CBC and chemistry profile, including liver and renal function test. There has been a recommendation to measure liver function tests within 4 to 8 weeks after starting therapy. The interval of repeating lab tests after this treatment duration has not been established. According to labtestsonline.org, if the injured worker's total cholesterol is below 200 and there is no family history of heart disease or other risk factors a full lipid profile may not be necessary. According to the documentation provided for review, the injured worker was not taking NSAIDs. The injured worker had lab work done on 08/23/2013 revealed the total cholesterol to be 144. The rationale for a second request for laboratory exam is not clear. Therefore, the request for lipid panel is not medically necessary.

TRIIODOTHYRONINE T3 TOTAL, THYROXINE, THYROID HORMONE (T3 AND T4) UPTAKE, TRIIODOTHYRONINE T3 FREE, THYROXINE; FREE, THYROTROPIN RELEASING HORMONE (trh) STIMULATION 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 Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: According to Labtestsonline.org, thyroid antibody blood work is utilized to aid in diagnoses and monitoring of autoimmune thyroid diseases and to distinguish these from other forms of thyroid disease. The injured worker had lab work done on 08/23/2013 and the thyroid panel to be within normal limits. The rationale for a second request for laboratory exam is unclear. Therefore, the request for Triiodothyronine T3 total, Thyroxine, thyroid hormone (T3 and T4) uptake, Triiodothyronine T3 free, Thyroxine; free, Thyrotropin releasing hormone (TRH) stimulation panel is not medically necessary.

GLUTAMYLTRANSFERASE: 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 Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: According to labtestsonline.org, GGT is used to evaluate for possible liver disease. The injured worker should get tested when there are symptoms of a liver or bile duct disorder. According to the lab work on 08/23/2013, the injured worker's Glutamyltransferase (GGT) was within normal limits. There was a lack of documentation regarding clinical findings or complaints related to possible liver disease. The request for additional laboratory exams is unclear. Therefore, the request for Glutamyltransferase is not medically necessary.

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 Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: According to labtestsonline.org, Ferritin tests are ordered when the injured worker's CBC shows that the hemoglobin and hematocrit are low, suggesting iron deficiency anemia. According to the lab work on 08/23/2013, the injured worker's Ferritin level was within normal limits. The lab worker did demonstrate low hemoglobin and hematocrit. The rationale for a repeat of the Ferritin level is unclear. Therefore, the request for Ferritin is not medically necessary.

VITAMIN D; 25 HYDROXY: 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 Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: Labtestsonline.org stated that 25-hydroxyvitamin D is ordered to identify a possible deficiency in vitamin D. According to the lab work on 08/23/2013, the injured worker's vitamin D was 3.17, normal is 3.2. According to the documentation provided for review, the injured worker did not appear to be on Vitamin D supplements. The request for additional lab work on vitamin D; 25 hydroxy is unclear. Therefore, the request for vitamin D; 25 Hydroxy is not medically necessary.

HEMOGLOBIN; GLYCOSYLATED: 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 Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: Labtestsonline.org stated that the HEMOGLOBIN; Glycosylated test is used to monitor the glucose control of diabetics over time. According to the lab work on 08/23/2013, the injured worker's glucose was 87. The injured worker did not have documentation related to history of diabetes. The indication for hemoglobin; Glycosylated is unclear. Therefore, the request for hemoglobin; Glycosylated is not medically necessary.

APOLIPOPROTEIN: 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 Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: Labtestsonline.org stated that polipoprotein tests are utilized along with other lipid tests, to help determine an individual's risk of developing cardiovascular disease. According to the lab work on 08/23/2013, the injured worker's lipid profile and APO was within normal limits. The request for additional Apolipoprotein is unclear. Therefore, the request for Apolipoprotein is not medically necessary.

ALBUMIN; URINE, MICROALBUMIN, URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org.

Decision rationale: Labtestsonline.org stated that an albumin test is frequently ordered when the injured worker has symptoms of a liver disorder, such as Jaundice, fatigue or weight loss or symptoms of nephrotic syndrome such as swelling around the eyes, belly or legs. The clinical information provided for review lacks documentation of liver concerns and signs or symptoms of liver dysfunction. The rationale for the request for albumin; urine, Microalbumin, urinalysis is unclear. Therefore, the request for Albumin; urine, Microalbumin, urinalysis is not medically necessary.

ELECTROCARDIOGRAM, RHYTHM ECG,1-3 LEADS WITH INTERPRETATION AND REPORT: 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 Official Disability Guidelines (ODG) Low Back Pain, Preoperative.

Decision rationale: According to the Official Disability Guidelines, electrocardiogram is recommended for injured workers with signs or symptoms of active cardiovascular disease. According to the documentation provided for review, the injured worker did not have any clinical findings of active cardiovascular disease. There is a lack of documentation regarding any cardiovascular signs, symptoms or objective findings. The request for an electrocardiogram is unclear. Therefore, the request for electrocardiogram, rhythm ECG, 1 through 3 leads with interpretation and report is not medically necessary.

ECHOCARDIOGRAPHY, TRNSTHORACIC, REAL TIME WITH IMAGE: 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 Other Medical Treatment Guideline or Medical Evidence:Tekten, T., Onbasili, A. O., Ceyhan, C., İğnal, S. and Discigil, B. (2003).Novel Approach to Measure Myocardial Performance Index: Pulsed-Wave Tissue Doppler Echocardiography. Echocardiography - Volume 20, Issue 6, pages 503-510.

Decision rationale: : Echocardiography is the noninvasive myocardial performance index for the assessment of overall cardiac function. It is particularly useful in the diagnosis of valvular disease. There is a lack of documentation regarding any cardiovascular signs, symptoms or objective clinical findings of cardiovascular disease. The rationale for the request is unclear. Therefore, the request for echocardiography, transthoracic, real time with image is not medically necessary.

DOPPLER ECHOCARDIOGRAPHY: 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 Other Medical Treatment Guideline or Medical Evidence:Tekten, T., Onbasili, A. O., Ceyhan, C., İğnal, S. and Discigil, B. (2003).Novel Approach to Measure Myocardial Performance Index: Pulsed-Wave Tissue Doppler Echocardiography. Echocardiography - Volume 20, Issue 6, pages 503-510.

Decision rationale: Echocardiography is the noninvasive myocardial performance index for the assessment of overall cardiac function. It is particularly useful in the diagnosis of valvular disease. There is a lack of documentation regarding any cardiovascular signs, symptoms or objective clinical findings of cardiovascular disease. The rationale for the request is unclear. Therefore, the request for doppler echocardiography is not medically necessary.

DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING: 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 Other Medical Treatment Guideline or Medical Evidence: Tekten, T., Onbasili, A. O., Ceyhan, C., İğnal, S. and Discigil, B. (2003). Novel Approach to Measure Myocardial Performance Index: Pulsed-Wave Tissue Doppler Echocardiography. Echocardiography - Volume 20, Issue 6, pages 503-510.

Decision rationale: Echocardiography is the noninvasive myocardial performance index for the assessment of overall cardiac function. It is particularly useful in the diagnosis of valvular disease. There is a lack of documentation regarding any cardiovascular signs, symptoms or objective clinical findings of cardiovascular disease. Therefore, the request for doppler echocardiography color flow velocity mapping is not medically necessary.

SUPPLIES AND MATERIALS: 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 Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment.

Decision rationale: According to the Official Disability Guidelines, durable medical equipment is recommended if there is a medical need and if the device meets the definition of medical equipment. The request for supplies and materials is unclear as to what supplies and materials are being requested. As the other requests are denied, the request for supplies and materials would also be denied. In addition, the request for supplies and materials is unclear. Therefore, the request for supplies and materials is not medically necessary.