

Case Number:	CM14-0002572		
Date Assigned:	01/29/2014	Date of Injury:	12/31/2003
Decision Date:	07/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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:

This is a 53 year old male who has reported medical conditions attributed to work exposures, with a date of injury listed as 12/31/03. He has been diagnosed and treated for an umbilical hernia and prostate cancer, and is status post radical prostatectomy years ago. Serum chemistries from 2010 and 2012 showed elevated triglycerides and uric acid. The panel in 2012 showed a low Vitamin D. Periodic medical reports from the primary treating physician since 2012 do not provide any specific information regarding the results or medical necessity for blood tests. The 7/26/13 PR2 states that the injured worker feels good, has no pain or other symptoms, has a normal physical examination, and that unspecified tests were "done today". Levitra was prescribed. The authorization request from that date lists the tests that are now appealed for Independent Medical Review. The AME on 8/3/13 did not discuss the medical necessity for the tests under Independent Medical Review or describe medical conditions for which these tests would be obviously indicated. On 12/13/13 Utilization Review non-certified the tests appealed for Independent Medical Review. The MTUS and other evidence-based guidelines were cited. The Utilization Review physician noted the lack of specific indications for the tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIIODOTHYRONINE T3;: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Decision rationale: The treating physician provided no specific indications for thyroid tests. There are many possible medical conditions for which thyroid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for thyroid testing. The cited reference discusses the medical necessity for thyroid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the thyroid tests are not medically necessary.

THYROXINE;: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Decision rationale: The treating physician provided no specific indications for thyroid tests. There are many possible medical conditions for which thyroid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for thyroid testing. The cited reference discusses the medical necessity for thyroid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the thyroid tests are not medically necessary.

THYROID HORMONE (T3 OR T4) UPTAKE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Decision rationale: The treating physician provided no specific indications for thyroid tests. There are many possible medical conditions for which thyroid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for thyroid testing. The cited reference discusses the medical necessity for thyroid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the thyroid tests are not medically necessary.

TRIIODOTHYRONINE T3; FREE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Decision rationale: The treating physician provided no specific indications for thyroid tests. There are many possible medical conditions for which thyroid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for thyroid testing. The cited reference discusses the medical necessity for thyroid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the thyroid tests are not medically necessary.

THYROXINE; FREE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Decision rationale: The treating physician provided no specific indications for thyroid tests. There are many possible medical conditions for which thyroid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for thyroid testing. The cited reference discusses the medical necessity for thyroid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the thyroid tests are not medically necessary.

THYROID STIMULATING HORMONE (TSH): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Decision rationale: The treating physician provided no specific indications for thyroid tests. There are many possible medical conditions for which thyroid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for thyroid testing. The cited reference discusses the medical necessity for thyroid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the thyroid tests are not medically necessary.

URIC ACID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Uric acid balance, Uric acid renal diseases.

Decision rationale: The treating physician provided no specific indications for a uric acid test. There are many possible medical conditions for which uric acid testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for uric acid testing. The cited reference discusses the medical necessity for uric acid tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the uric acid test is not medically necessary.

GLUTAMYLTRANSFERASE, GAMMA (GGT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70. Decision based on Non-MTUS Citation UpToDate, Approach to the patient with abnormal liver tests.

Decision rationale: The treating physician provided no specific indications for this liver test. There are many possible medical conditions for which liver enzyme testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for liver testing other than for monitoring NSAID toxicity, which is the clinical situation in this case. The cited reference discusses the medical necessity for liver tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the GGT test is not medically necessary.

FERRITIN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Causes and diagnosis of iron deficiency anemia in adults.

Decision rationale: The treating physician provided no specific indications for a Ferritin test. There are many possible medical conditions for which Ferritin testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for Ferritin testing.

The cited reference discusses the medical necessity for Ferritin tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the test does not have clearly evident indications per the available information, the Ferritin test is not medically necessary.

VITAMIN D; 25 HYDROXY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Vitamin D deficiency in adults.

Decision rationale: The treating physician provided no specific indications for a vitamin D test. There are many possible medical conditions for which vitamin D testing may be indicated but the treating physician listed none of them. The MTUS does not provide direction for vitamin D testing. The cited reference discusses the medical necessity for vitamin D tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the test does not have clearly evident indications per the available information, the vitamin D test is not medically necessary.

APOLIPOPROTEIN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Screening for lipid disorders.

Decision rationale: The treating physician provided no specific indications for an Apolipoprotein test. There are many possible medical conditions for which an Apolipoprotein test may be indicated but the treating physician listed none of them. The MTUS does not provide direction for Apolipoprotein testing. The cited reference discusses the medical necessity for Apolipoprotein tests and many of the conditions and clinical situations for which the tests might be indicated. Given that the treating physician provided no indications for this testing, and that the tests do not have clearly evident indications per the available information, the Apolipoprotein test is not medically necessary.