

Case Number:	CM14-0003336		
Date Assigned:	02/12/2014	Date of Injury:	08/02/2006
Decision Date:	07/31/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 New York. 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 claimant is a 62-year-old male who is employed as a [REDACTED] [REDACTED]. He sustained an industrial injury on August 02, 2006. The mechanism of injury was not provided for review. His diagnoses include injuries to bilateral ears, neck pain, low back pain, bilateral wrists, chest, internal organs, and psyche. Treatment has included medical therapy, transforaminal epidural steroid injections, and neck surgery. His other diagnoses include hypertension and gastroesophageal reflux. On exam, his blood pressure was 120/80 and there is a scar on the neck from a prior surgery. There were no neurologic abnormalities noted. The treating provider has requested Total T3 (Triiodothyronine), Thyroxine, Thyroid Hormone Uptake, Free T3, thyroid-stimulating hormone (TSH), gamma-glutamyl transferase (GGT), Ferritin, Vitamin D, glycated hemoglobin (HbA1c), Apoprotein, and serum creatinine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total T3 (Triiodothyronine): 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 Total T3 (Triiodothyronine).

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Therefore, the request is not medically necessary.

Total 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Therefore, the request is not medically necessary.

Thyroid Hormone (T3 or T4) uptake: 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Therefore, the request is not medically necessary.

Free T3 (Triiodothyronine): 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Therefore, the request is not medically necessary.

Free 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Therefore, the request is not medically necessary.

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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Therefore, the request is not medically necessary.

Gamma-Glutamyl Transferase (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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no specific indication for the requested laboratory study. The claimant has no history of liver disease. Medical necessity for the requested item has not been established. Therefore, the request 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no specific indication for the requested laboratory study. The claimant has no history of anemia, liver disease, or systemic inflammation. Medical necessity for the requested item has not been established. Therefore, the request 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no specific indication for the requested laboratory study. The claimant has no history of a documented vitamin D deficiency. Medical necessity for the requested item has not been established. Therefore, the request is not medically necessary.

Glycosylated Hemoglobin (A1c): 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no specific indication for the requested laboratory study. The claimant has no history of glucose intolerance or diabetes. Medical necessity for the requested item has not been established. Therefore, the request is not medically necessary.

Each 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no specific indication for the requested laboratory study. The claimant has no history of documented hyperlipidemia. Medical necessity for the requested item has not been established. Therefore, the request is not medically necessary.

Creatinine (other source): 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 Medscape Internal Medicine 2013: Laboratory studies.

Decision rationale: There is no specific indication for the requested laboratory study. The claimant has no history of documented renal insufficiency. Medical necessity for the requested item has not been established. Therefore, the request is not medically necessary.