

Case Number:	CM14-0013815		
Date Assigned:	02/26/2014	Date of Injury:	12/22/2003
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 39 year old male with an injury reported on December 22, 2003. The mechanism of injury was not provided within the clinical notes. The clinical note dated January 24, 2014, reported that the injured worker follow-up for borderline uncontrolled blood pressure 135/98. The physical examination was negative for any significant abnormalities. The injured worker's prescribed medication list included ramipril 10mg, metoprolol 25mg, and lipitor 20mg. The injured worker's diagnoses included ischemic heart disease and coronary atherosclerosis. The request for authorization was submitted on January 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIODOTHYRONIN T3; TOTAL (TT-3) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: T3 test, Medline Plus, <http://www.nlm.nih.gov/medlineplus/ency/article/003687.htm>

Decision rationale: Triiodothyronine (T3) is a thyroid hormone test. MedlinePlus notes Triiodothyronin T3 is done to check injured workers thyroid function. Thyroid function depends on the action of many different hormones, including thyroid-stimulating hormone (TSH) and T4. Sometimes it can be useful to measure both T3 and T4 when looking at thyroid function. The T3 test measures both the T3 that is attached to proteins and floating free in the blood. There is a lack of clinical evidence indicating the injured worker has thyroid dysfunction. There is a lack of clinical information indicating when the thyroid hormone level was last assessed as well as the level at that time. The request is not medically necessary.

THYROXINE; TOTAL #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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.

Decision rationale: This test is done to check your thyroid function. Per Medline Plus T4 testing is performed to assess thyroid function. Thyroid function is complex and depends on the action of many different thyroid hormones, including thyroid-stimulating hormone (TSH) and T3 (triiodothyronine). Providers may order this test if injured workers have signs of a thyroid disorder, including:Hyperthyroidism, Hypopituitarism, Hypothyroidism-primary, Hypothyroidism - secondary, Thyrotoxic periodic paralysis, Thyroid nodule. There is a lack of clinical evidence indicating the injured worker has thyroid dysfunction. There is a lack of clinical information indicating when the thyroid hormone level was last assessed as well as the level at that time. The request is not medically necessary.

THYROID HORMONE (T3 OR T4) UPTAKE #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: T4 test, Medline Plus, <http://www.nlm.nih.gov/medlineplus/ency/article/003517.htm>

Decision rationale: This test is done to check your thyroid function. Per Medline Plus T4 testing is performed to assess thyroid function. Thyroid function is complex and depends on the action of many different thyroid hormones, including thyroid-stimulating hormone (TSH) and T3 (triiodothyronine). Providers may order this test if injured workers have signs of a thyroid disorder, including: Hyperthyroidism, Hypopituitarism, Hypothyroidism-primary, Hypothyroidism - secondary, Thyrotoxic periodic paralysis, Thyroid nodule. There is a lack of clinical evidence indicating the injured worker has thyroid dysfunction. There is a lack of clinical

information indicating when the thyroid hormone level was last assessed as well as the level at that time. The request is not medically necessary.

TRIIODOTHYRONINE T3; FREE #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: T3 test, Medline Plus, <http://www.nlm.nih.gov/medlineplus/ency/article/003687.htm>

Decision rationale: Per Medline Plus T3 testing is done to check thyroid function. Thyroid function depends on the action of many different hormones, including thyroid-stimulating hormone (TSH) and T4. Sometimes it can be useful to measure both T3 and T4 when looking at thyroid function. For example, in some cases of hyperthyroidism, T3 may be increased but T4 may be normal. The T3 test measures both the T3 that is attached to proteins and floating free in the blood. The provider may order this test if you have signs of a thyroid disorder, including: Disorder in which the pituitary gland does not produce normal amounts of some or all of its hormone, Overactive thyroid gland, and Underactive thyroid gland. There is a lack of clinical evidence indicating the injured worker has thyroid dysfunction. There is a lack of clinical information indicating when the thyroid hormone level was last assessed as well as the level at that time. The request is not medically necessary.

THYROXINE; FREE #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: T4 test, Medline Plus, <http://www.nlm.nih.gov/medlineplus/ency/article/003517.htm>

Decision rationale: This test is done to check your thyroid function. Per Medline Plus T4 testing is performed to assess thyroid function. Thyroid function is complex and depends on the action of many different thyroid hormones, including thyroid-stimulating hormone (TSH) and T3 (triiodothyronine). Providers may order this test if injured workers have signs of a thyroid disorder, including: Hyperthyroidism, Hypopituitarism, Hypothyroidism-primary, Hypothyroidism - secondary, Thyrotoxic periodic paralysis, Thyroid nodule. There is a lack of clinical evidence indicating the injured worker has thyroid dysfunction. There is a lack of clinical information indicating when the thyroid hormone level was last assessed as well as the level at that time. The request is not medically necessary.

TSH #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: TSH test, Medline Plus, <http://www.nlm.nih.gov/medlineplus/ency/article/003684.htm>

Decision rationale: Per MedlinePlus providers may order this test if injured workers have symptoms or signs of an overactive or underactive thyroid gland. It is also used to monitor treatment of these conditions. Even without signs or symptoms of an underactive thyroid (hypothyroidism), you will need to be followed closely by your doctor if your TSH level is over 3.5 mIU/L but your T4 test is normal (called subclinical hypothyroidism). If you are being treated for a thyroid disorder, your TSH level will likely be kept between 0.5 and 4.0 mIU/L. The rationale for TSH laboratory test is unclear. There is a lack of clinical evidence indicating the injured worker has thyroid dysfunction. There is a lack of clinical information indicating when the thyroid hormone level was last assessed as well as the level at that time. The request is not medically necessary.

GLUTAMYLTRANSFERASE, GAMMA (GGT) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Serum gamma-glutamyl transferase (GGT) has been widely used as an index of liver dysfunction and marker of alcohol intake. According to the California MTUS guidelines recommend periodic lab monitoring of chemistry profile (including liver and renal function test). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. It was noted that a hepatic function panel was obtained on January 24, 2014. The rationale for an additional hepatic function lab testing is unclear. There is a lack of clinical information indicating the medical necessity of additional testing. The request is not medically necessary.

FERRITIN #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: MedlinePlus, Ferritin, Online database.

<http://www.nlm.nih.gov/medlineplus/ency/article/003490.htm>

Decision rationale: Ferritin is a protein in the body that binds to iron. MedlinePlus notes this test measures the amount of iron in the body. Iron is important for red blood cell production. Providers may order this test if injured workers have signs or symptoms of anemia. Therefore, the request is non-certified. The rationale for ferritin testing is unclear. There is a lack of clinical information indicating symptoms consistent with anemia. The request is not medically necessary.

VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: MedlinePlus, 25-hydroxy vitamin D test, Online database.

<http://www.nlm.nih.gov/medlineplus/ency/article/003569.htm>

Decision rationale: The 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body. In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin. The active form of vitamin D helps control calcium and phosphate levels in the body. MedlinePlus notes this test is done to determine if injured workers have too much or too little vitamin D in their blood. It was noted that a CBC including renal panel was obtained on January 24, 2014. The rationale for the laboratory testing is unclear. There is a lack of clinical information indicating the medical necessity of additional testing. The request is not medically necessary.

APOLIPOPROTEIN A #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: Medscape, Apolipoprotein A-I, Online database.

<http://emedicine.medscape.com/article/2087313-overview>

Decision rationale: MedlinePlus notes this test is most often done to help determine the cause or specific type of hyperlipidemia. Apolipoprotein B (apoB) levels are used to evaluate the risk for cardiovascular disease. It was noted that CBC with lipid panel was obtained on January 24,

2014. The rationale for the lab testing is unclear. There is a lack of clinical information indicating the medical necessity of additional testing. The request is not medically necessary.

APOLIPOPROTEIN B #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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: MedlinePlus, Apolipoprotein B100, Online database.
<http://www.nlm.nih.gov/medlineplus/ency/article/003502.htm>

Decision rationale: Medscape notes a low Apo-A1 level indicates an increased risk of cardiovascular disease, especially in the presence of an elevated apolipoprotein B (Apo-B) level. Medscape notes high Apo-A1 levels are associated with the following; pregnancy, alcohol use, and spring and summer seasons. It was noted that CBC with lipid panel was obtained on January 24, 2014. The rationale for the panel lab testing is unclear. There is a lack of clinical information indicating the medical necessity of additional testing. The request is not medically necessary.