

Case Number:	CM14-0018550		
Date Assigned:	04/18/2014	Date of Injury:	04/05/1989
Decision Date:	07/31/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Family Practice and is licensed to practice in Texas. 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 56 year old male with a reported date of injury on 04/05/1989. The mechanism of injury was not provided. Diagnoses included hypertension, benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. The request for authorization was not provided within the available clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIIODOTHYRONINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Tests Online, (2011, March 8). T3. Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/T3/Tab/Test/](http://Labtestsonline.Org/Understanding/Analytes/T3/Tab/Test/).

Decision rationale: The request for Triiodothyronine is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary

atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. A Triiodothyronine (T3) test is used to assess thyroid function. It is ordered primarily to help diagnose hyperthyroidism and may be ordered to help monitor the status of an injured worker with a known thyroid disorder. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker has symptomatology associated with a thyroid disorder. Additionally, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

THYROXINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Tests Online, (2013, July 18). T4. Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/T4/Tab/Test/](http://Labtestsonline.Org/Understanding/Analytes/T4/Tab/Test/).

Decision rationale: The request for Thyroxine is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. The total Thyroxine (T4) test is used to help diagnose hyperthyroidism and hypothyroidism. It is primarily ordered in response to an abnormal thyroid-stimulating hormone (TSH) test result. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker has symptomatology associated with a thyroid disorder. Additionally, there was a lack of evidence that the injured worker had an abnormal TSH test result. Furthermore, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

THYROID HORMONE UPTAKE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Tests Online, (2013, July 18). Thyroid Function Panel. Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/Thyroid-Panel/Tab/Glance/](http://Labtestsonline.Org/Understanding/Analytes/Thyroid-Panel/Tab/Glance/).

Decision rationale: The request for Thyroid hormone Uptake is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured

worker "feels good" and had no new complaints. It was also noted that the injured worker had an overall normal examination. A thyroid functional panel is used to screen for or help diagnose hypo and hyperthyroidism due to various thyroid disorders. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker has symptomatology associated with a thyroid disorder. Additionally, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring.. As such this request is not medically necessary.

TRIIODOTHYRONINE T3, FREE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Tests Online, (2011, March 8). T3. Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/T3/Tab/Test/](http://Labtestsonline.Org/Understanding/Analytes/T3/Tab/Test/).

Decision rationale: The request for Triiodothyronine T3, free is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was also noted that the injured worker had an overall normal examination. A Triiodothyronine (T3), free test is used to assess thyroid function. It is ordered primarily to help diagnose hyperthyroidism and may be ordered to help monitor the status of a injured worker with a known thyroid disorder. Most of the T3 is bound to protein, the total T3 can be affected by protein levels and protein binding ability, however the free T3 test is not and can be more accurate. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker has symptomatology associated with a thyroid disorder. Additionally, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

THYROXINE, FREE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Tests Online, (2013, July 18). T4. Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/T4/Tab/Test/](http://Labtestsonline.Org/Understanding/Analytes/T4/Tab/Test/).

Decision rationale: The request for Thyroxin, free is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was also noted that the injured worker had an overall

normal examination. The T4 test is used to help diagnose hyperthyroidism and hypothyroidism. Since free T4 is the active form of thyroxine, the free T4 test is thought to be a more accurate reflection of thyroid hormone function and. It is primarily ordered in response to an abnormal TSH test result. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker has symptomatology associated with a thyroid disorder. Additionally, there was a lack of evidence that the injured worker had an abnormal TSH test result. Furthermore, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

CGT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/Specific Drug List & Adverse Effects and Lab Test Online Page(s): 70.

Decision rationale: The request for "CGT" is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. The California MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for patients utilizing NSAID medications. There has been a recommendation to measure 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. The Gamma-Glutamyl Transferase (GTT) test is used to test for a possible liver disease or bile duct disease or to differentiate between liver and bone disease as a cause of elevated alkaline phosphatase (ALP). The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker had symptomatology associated with liver and/or bile duct disease. It did not appear the injured worker is utilizing NSAID medications. Additionally, a complete blood count was performed 02/20/2014 which did not reveal significant abnormalities. Furthermore, The treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

FERRITIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Tests Online, (2013, July 18). Ferritin. Retrieved From <http://Labtestsonline.Org/Understanding/Analytes/Ferritin/Tab/Test>.

Decision rationale: The request for Ferritin was not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was also noted that the injured worker had an overall normal examination. The injured worker had a CBC that revealed low levels of hemoglobin and hematocrit on 02/20/2014. The ferritin test may be ordered when a routine CBC shows low hemoglobin and hematocrit levels suggesting iron deficiency anemia even though other clinical symptoms may not have developed yet. The treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. It was unclear how additional laboratory monitoring would alter the providers future courses of treatment as the complete blood count did not show significant abnormalities. Due to the above facts the request for Ferritin is not medically necessary.

VITAMIN D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Test Online, (2014, May 27). Vitamin D Tests. Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/Vitamin-D/Tab/Glance/](http://Labtestsonline.Org/Understanding/Analytes/Vitamin-D/Tab/Glance/).

Decision rationale: The request for Vitamin D is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was also noted that the injured worker had an overall normal examination. A Vitamin D test may be ordered to determine if an injured worker has a vitamin D deficiency or if they are receiving vitamin D supplementation, to determine if it is adequate. There is lack of documentation that the injured worker has symptomatology associated with Vitamin D deficiency. Additionally, there was a lack of evidence that the injured worker had been prescribed Vitamin D supplements. Furthermore, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

HEMOGLOBIN A1C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glucose Monitoring and Other Medical Treatment Guideline or Medical Evidence: Lab Test Online, (2014, January 7) A1C Retrieved from <http://labtestsonline.org/understanding/analytes/a1c/tab/glance/>.

Decision rationale: The request for Hemoglobin A1C is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. The Official Disability guidelines states that A1C should be measured at least twice yearly in injured workers with diabetes mellitus and at least 4 times yearly for injured workers who are not at target range. Hemoglobin A1C tests are used to monitor an injured workers diabetes and to aid in treatment decisions, to diagnose diabetes, or to help identify those at an increased risk of developing diabetes. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker has symptomatology associated with diabetes. Additionally, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

APOLIPOPROTEIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Test Online, (2014, April 29) Apo B Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/Apob/Tab/Glance](http://Labtestsonline.Org/Understanding/Analytes/Apob/Tab/Glance).

Decision rationale: The request for Apolipoprotein is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. The Apolipoprotein B test is used when there is history of high cholesterol and triglyceride levels. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker had high cholesterol and/or high triglyceride levels. Additionally, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.

TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: Lab Test Online, (2013, July 18) TSH Retrieved From [Http://Labtestsonline.Org/Understanding/Analytes/Tsh/Tab/Glance/](http://Labtestsonline.Org/Understanding/Analytes/Tsh/Tab/Glance/).

Decision rationale: The request for TSH is not medically necessary. It was noted that the injured worker had diagnoses that included hypertension; benign, coronary atherosclerosis, and bipolar disorder. The clinical note dated 02/20/2014 noted that the injured worker "feels good" and had no new complaints. It was noted that the injured worker had an overall normal examination. The thyroid-stimulating hormone (TSH) test is used to screen for and help diagnose thyroid disorders and/or to monitor treatment of hypothyroidism and hyperthyroidism. The medical necessity of this requested laboratory test has not been established. There is lack of documentation that the injured worker had symptomatology associated with a thyroid disorder. Additionally, the treatment plan was not provided within the provided documentation to provide a rationale for the laboratory monitoring. As such this request is not medically necessary.