

Case Number:	CM14-0040619		
Date Assigned:	08/01/2014	Date of Injury:	03/29/2010
Decision Date:	09/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 Maryland. 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 employee was a 35 year old male who sustained an industrial injury on 03/29/10. His previous treatments included Physical therapy for back pain. His echocardiogram on 08/02/13 showed mild left ventricular hypertrophy, mild aortic root dilation and an ejection fraction of 67%. Prior laboratory results included a glucose level of 336, hemoglobin A1c of 11.0, low HDL of 44, low LDL of 42 and bicarbonate level of 30 done on 07/30/13. Further pertinent laboratory results from November and December 2013 showed an average blood glucose of 268 with 94.1% above target range and 5.9% within target range. He was seen by Internal medicine consultant on December 27, 2013. He reported poorly controlled blood glucose levels at home, with nocturia, poor quality sleep and improvement in gastroesophageal reflux symptoms. He reported that his blood pressure average was 130-140/80-90 mm of Hg. On examination, he was found to have a blood pressure of 143/84 mm of Hg, with a blood glucose of 293 mg/dL. His diagnoses included diabetes mellitus aggravated by work-related injury, hypertension, aggravated by work-related injury, obesity, blurred vision, sleep disorder and GI diagnosis. The plan of care included Ophthalmology consultation, fasting labs and urine toxicology. His medications included Hydrochlorothiazide, Lisinopril, Diltiazem, Novolog mix, Byetta, Guanfacine, Metformin, Prilosec, Norco, Terocin cream and aspirin. A request was sent for CBC, CMP, hemoglobin A1c, HB, TSH, lipid panel, amylase, lipase, vitamin D, urine microalbumin, T3, T4, uric acid, transglutaminase antibody and H pylori antibody.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemoglobin (hgb) test: Overturned

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:<http://www.mysccg.com/generalDocuments/Lab%20Work%20Pharmacist%20Letter.pdf>.

Decision rationale: According to the evidence cited, routine monitoring of CBC and CMP is indicated with intake of Metformin, hydrochlorothiazide, lisinopril, aspirin, Byetta and Novolog mix. The employee in addition to being on the above medications, is also on topical analgesics, Norco and hence will need periodic monitoring of routine labs once or twice a year. Hence the request for CBC, CMP and hemoglobin monitoring is medically necessary and appropriate.

A1C: Overturned

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: Overview of medical care in adults with diabetes mellitus. Uptodate.

Decision rationale: The employee was being treated for back pain, diabetes mellitus, hypertension, esophageal reflux and sleep disorder. His last hemoglobin A1c was 11.0 in July 2013. According to the above article, hemoglobin A1c should be obtained twice yearly in patients who are meeting treatment goals and who have stable glycemic control and quarterly in patients whose therapy has changed or who are not meeting glycemic goals. Given the uncontrolled hemoglobin A1c in July, the request for repeat hemoglobin A1c testing is medically necessary and appropriate.

Comprehensive Metabolic Panel (CMP): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthCentral.com (<http://www.healthcentral.com/ency/408/003468.html>).

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:
<http://www.mysccg.com/generalDocuments/Lab%20Work%20Pharmacist%20Letter.pdf>.

Decision rationale: According to the evidence cited, routine monitoring of CBC and CMP is indicated with intake of Metformin, hydrochlorothiazide, lisinopril, aspirin, Byetta and Novolog

mix. The employee in addition to being on the above medications, is also on topical analgesics, Norco and hence will need periodic monitoring of routine labs once or twice a year. Hence the request for CBC, CMP and hemoglobin monitoring is medically necessary and appropriate.

Complete Blood Count (CBC): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia: Complete Blood Count (CBC) test.

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:
<http://www.mysccg.com/generalDocuments/Lab%20Work%20Pharmacist%20Letter.pdf>.

Decision rationale: According to the evidence cited, routine monitoring of CBC and CMP is indicated with intake of Metformin, hydrochlorothiazide, lisinopril, aspirin, Byetta and Novolog mix. The employee in addition to being on the above medications, is also on topical analgesics, Norco and hence will need periodic monitoring of routine labs once or twice a year. Hence the request for CBC, CMP and hemoglobin monitoring is medically necessary and appropriate.

Lipid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic: 2004 Lipid Blood Tests Total Cholesterol (TC).

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: Overview of medical care in adults with diabetes mellitus. Uptodate.

Decision rationale: ADA recommends screening for lipid disorders at least annually in diabetic patients and more often if needed to achieve goals. The employee had an LDL of 44 and HDL of 42 in July 2013, which were within goal levels. Hence a repeat lipid panel within a year is not medically necessary or appropriate.

Micro albumin: Overturned

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: Moderately increased albuminuria in type 2 diabetes mellitus. Uptodate.

Decision rationale: The employee had uncontrolled diabetes mellitus with an A1c of 11.0 in July 2013. According to the article above, yearly screening of microalbuminuria is recommended in patients with diabetes mellitus. There is no documentation of previous testing and hence the request for microalbuminuria is medically necessary and appropriate.

TSH (Thyroid Stimulating Hormone): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia: Thyroid Function Tests.

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: Diagnosis of and screening for hypothyroidism in nonpregnant adults. Uptodate.

Decision rationale: According to the above article, screening measurement of thyroid function tests in asymptomatic adults is indicated in patients at increased risk for hypothyroidism, including but not limited to patients with goiter, history of autoimmune disease, previous radioactive iodine therapy, neck irradiation, family history of thyroid disease and use of medications that may impair thyroid function. Employee was being treated for diabetes mellitus, hypertension, obesity, reflux and back pain. Since there is no documentation of above risk factors, screening thyroid function testing including TSH, T3 and T4 is not medically necessary or appropriate.

Amylase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Clinical manifestations and diagnosis of acute pancreatitis. Uptodate.

Decision rationale: Amylase and lipase are pancreatic digestive enzymes which are used to diagnose acute pancreatitis. Most patients with acute pancreatitis have acute onset of abdominal pain. The employee had improved esophageal reflux symptoms without documentation of abdominal pain. Hence the request for amylase and lipase levels is not medically appropriate or necessary.

Lipase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Clinical manifestations and diagnosis of acute pancreatitis. Uptodate.

Decision rationale: Amylase and lipase are pancreatic digestive enzymes which are used to diagnose acute pancreatitis. Most patients with acute pancreatitis have acute onset of abdominal pain. The employee had improved esophageal reflux symptoms without documentation of abdominal pain. Hence the request for amylase and lipase levels is not medically appropriate or necessary.

H-Pylori antibody: 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: Indications and diagnostic tests for Helicobacter pylori infection. Functional dyspepsia in adults. Uptodate.

Decision rationale: According to the above article, the American college of Gastroenterology recommends testing for H.pylori in patients with active or past peptic ulcer disease, iron deficiency/vitamin B12 deficiency anemia, functional dyspepsia or gastric MALT lymphoma. According to the article, the preferred method of testing is with urea breath test or stool antigen assay. Serologic testing should not be used due to their low positive predictive value. The employee was being treated for esophageal reflux with proton pump inhibitor. There was documentation in the progress notes from December 27, 2013 that he had improvement with his gastroesophageal reflux symptoms. There are no documented ongoing symptoms and the serologic testing is not the recommended mode of testing for H. pylori. Hence the request for H.pylori antibodies is not medically necessary or appropriate.

transglutaminase antibodies (ITG): 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: Diagnosis of celiac disease. Uptodate.

Decision rationale: According to above article, testing for celiac disease with transglutaminase antibody testing should be considered in those with gastrointestinal symptoms including chronic or recurrent diarrhea, malabsorption, weight loss and abdominal distension or bloating, iron deficiency anemia, folate or vitamin B12 deficiency, type I diabetes mellitus and first degree relatives of individuals with celiac disease. The employee had esophageal reflux treated with proton pump inhibitor. But there was no documentation of any of the above symptoms or diagnoses which would support testing for celiac disease. Hence transglutaminase antibody testing is not medically necessary or appropriate.

Triiodothyronine (T3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia: Thyroid Function Tests.

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: Diagnosis of and screening for hypothyroidism in nonpregnant adults. Uptodate.

Decision rationale: According to the above article, screening measurement of thyroid function tests in asymptomatic adults is indicated in patients at increased risk for hypothyroidism, including but not limited to patients with goiter, history of autoimmune disease, previous radioactive iodine therapy, neck irradiation, family history of thyroid disease and use of medications that may impair thyroid function. Employee was being treated for diabetes mellitus, hypertension, obesity, reflux and back pain. Since there is no documentation of above risk factors, screening thyroid function testing including TSH, T3 and T4 is not medically necessary or appropriate.

Thyroxine (T4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia: Thyroid Function Tests.

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: Diagnosis of and screening for hypothyroidism in nonpregnant adults. Uptodate.

Decision rationale: According to the above article, screening measurement of thyroid function tests in asymptomatic adults is indicated in patients at increased risk for hypothyroidism, including but not limited to patients with goiter, history of autoimmune disease, previous radioactive iodine therapy, neck irradiation, family history of thyroid disease and use of medications that may impair thyroid function. Employee was being treated for diabetes mellitus, hypertension, obesity, reflux and back pain. Since there is no documentation of above risk factors, screening thyroid function testing including TSH, T3 and T4 is not medically necessary or appropriate.

Vitamin D: 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: Vitamin D deficiency in adults. Uptodate.

Decision rationale: According to the above article, screening for vitamin D deficiency is not recommended in low risk adults. High risk adults includes dark skin, elderly homebound, osteoporosis, malabsorption or institutionalized individuals and screening is recommended to ensure that supplementation is adequate. The employee didn't have documentation of vitamin D deficiency and was not noted to be a high risk adult for vitamin D deficiency. Hence the request for vitamin D testing is not medically necessary or appropriate.

Uric Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia: Uric Acid testing.

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: http://www.the-rheumatologist.org/details/article/4460641/Letter_Theres_No_Reason_Now_to_Screen_for_Uric_Acid.html.

Decision rationale: According to the evidence cited above, screening for hyperuricemia in the absence of gout or kidney stones is not recommended given the data from the Framingham study which demonstrated that most hyperuricemia patients never developed gout or kidney stones. Since the employee didn't have a history of gout or kidney stones, the request for uric acid serum level is not medically necessary or appropriate.