

Case Number:	CM14-0170674		
Date Assigned:	11/03/2014	Date of Injury:	10/21/2007
Decision Date:	03/20/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 61 year old patient who sustained injury on Oct 21 2007. The patient had high cholesterol and high blood pressure and was seen by [REDACTED] on Mar 27 2014 and was prescribed diovan and fish oil and crestor. Multiple labs were ordered on this day: cbc, lipid panel, apolipoproteinA1 and b, BMP, Liver panel, uric acid, GGT, HgA1C, thyroid panel, ferritin, vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: 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 www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

Decision rationale: MTUS and ACOEM do not address this lab test. Per guidelines used: The CBC is a very common test. Many people have a CBC performed when they have a routine health examination. If a person is healthy and has results that are within normal limits, then he or she may not require another CBC until their health status changes or until their doctor feels that it is necessary. A CBC may be ordered when a person has any number of signs and symptoms that may be related to disorders that affect blood cells. When an individual has fatigue or weakness or has an infection, inflammation, bruising, or bleeding, a doctor may order a CBC to help diagnose the cause and/or determine its severity. When a person has been diagnosed with a disease known to affect blood cells, a CBC will often be ordered on a regular basis to monitor their condition. Likewise, if someone is receiving treatment for a blood-related disorder, then a CBC may be performed frequently to determine if the treatment is effective. Some therapies, such as chemotherapy, can affect bone marrow production of cells. Some medications can decrease WBC counts overall. A CBC may be ordered on a regular basis to monitor these drug treatments. This test would be indicated.

Lab: Lipid Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/GUIDELINES/MHQP_PREVENTIVECAREGUIDELINES_ADULT2014.PDF

Decision rationale: MTUS and ACOEM do not specifically address this lab test and alternate guidelines were sought. The patient had known hyperlipidemia and was prescribed a statin, crestor. Previous testing was not noted or documented. Per guidelines: Cholesterol 18-65+ Years Screen if not previously tested. Screen every 5 years with lipoprotein profile. If total cholesterol is >200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed. More routine screening for patients with high-risk at clinician discretion. High risk includes family history of premature heart disease or hyperlipidemia; hypertension; low HDL; diabetes; tobacco use; age; and weight (BMI>30). If at risk or screened to have high cholesterol and heart disease, counsel on lifestyle changes including a diet low in saturated fats and high in fiber; weight management; and physical activity. Based on guidelines this cited, this would be indicated.

Lab: Total T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.endocrine.niddk.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/thyroid-disease-screening>

Decision rationale: MTUS and ACOEM do not specifically address this testing. Alternate guidelines were sought. Per US preventative services, for adults: The USPSTF concludes the evidence is insufficient to recommend for or against routine screening for thyroid disease in adults. This testing would not be recommended.

Lab: Total T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.endocrine.niddk.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/thyroid-disease-screening>

Decision rationale: MTUS and ACOEM do not specifically address this testing. Alternate guidelines were sought. Per US preventative services, for adults: The USPSTF concludes the evidence is insufficient to recommend for or against routine screening for thyroid disease in adults. This testing would not be recommended.

Lab: Total T3 Uptake: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.endocrine.niddk.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/thyroid-disease-screening>

Decision rationale: MTUS and ACOEM do not specifically address this testing. Alternate guidelines were sought. Per US preventative services, for adults: The USPSTF concludes the evidence is insufficient to recommend for or against routine screening for thyroid disease in adults. This testing would not be recommended.

Lab: Hepatic Function Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayoclinic.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.lipidjournal.com/article/S1933-2874\(14\)00073-7/fulltext](http://www.lipidjournal.com/article/S1933-2874(14)00073-7/fulltext)

Decision rationale: MTUS and ACOEM do not specifically address this lab testing; alternate guidelines were sought. The patient was on a statin for treatment of high cholesterol. Per the

national lipid association. Baseline liver enzymes should be obtained. Liver enzyme should be screened for those on statin therapy. Therefore, this lab would be indicated.

Lab: Uric Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

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.ncbi.nlm.nih.gov/pmc/articles/PMC3683400/>
<http://labtestsonline.org/understanding/analytes/uric-acid/tab/test/> http://www.the-rheumatologist.org/details/article/4460641/Letter_Theres_No_Reason_Now_to_Screen_for_Uric_Acid.html.

Decision rationale: MTUS and ACOEM do not address this lab test. Alternately guidelines were sought, Per guidelines, clinicians do not routinely screen for gout unless there is an indication. There was none documented for this patient and so it would not be recommended.

Lab: GGTP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayoclinic.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/ggt/tab/test/>
<http://www.nlm.nih.gov/medlineplus/ency/article/003458.htm>

Decision rationale: ACOEM and MTUS do not address this lab test. Per guidelines, GGTP is a liver specific test. How is it used? The gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). Both ALP and GGT are elevated in disease of the bile ducts and in some liver diseases, but only ALP will be elevated in bone disease. Therefore, if the GGT level is normal in a person with a high ALP, the cause of the elevated ALP is most likely bone disease. The GGT test is sometimes used to help detect liver disease and bile duct obstructions. It is usually ordered in conjunction with or as follow up to other liver tests such as ALT, AST, ALP, and bilirubin. In general, an increased GGT level indicates that a person's liver is being damaged but does not specifically point to a condition that may be causing the injury. GGT can be used to screen for chronic alcohol abuse (it will be elevated in about 75% of chronic drinkers) and to monitor for alcohol use and/or abuse in people who are receiving treatment for alcoholism or alcoholic hepatitis.[^] Back to top When is it ordered? A GGT test may be ordered when someone has an elevated ALP level. An ALP test may be ordered alone or as part of a routine liver panel to screen for liver damage even if no symptoms are present. If results of the ALP test are high but other tests that are part of the liver panel (such as AST and ALT) are not increased, then a GGT test may be ordered to help determine whether the source of the high ALP is a bone disorder rather than liver disease. GGT

may be ordered along with or as a follow up to other liver function tests when a person has signs or symptoms that suggest liver disease. Some signs and symptoms of liver damage include:- Weakness, fatigue- Loss of appetite- Nausea and vomiting- Abdominal swelling and/or pain- Jaundice- Dark urine, light-colored stool- Itching (pruritus)GGT may also be ordered when someone with a history of alcohol abuse has completed alcohol treatment in order to monitor compliance with the treatment program. The patient had no issues with jaundice and this test would not be indicated.

Lab: Serum Ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/ferritin-test/basics/definition/prc-20014449>.

Decision rationale: MTUS and ACOEM do not specifically address this lab testing. Per guidelines, To diagnose a medical condition. Your doctor may suggest a ferritin test if other blood tests have shown that the level of oxygen-carrying protein in your red blood cells (hemoglobin) is low, or if the proportion of red blood cells to the fluid component in your blood (hematocrit) is low. These may indicate that you have iron deficiency anemia. A ferritin test can help confirm that diagnosis. Ferritin may also be measured in someone with restless legs syndrome. A ferritin test may also be used to help diagnose conditions such as hemochromatosis, liver disease and adult Still's disease, among others. When used to diagnose a medical condition, a ferritin test may be done in conjunction with an iron test and a total iron-binding capacity (TIBC) and transferrin test. These tests provide additional information about how much iron is in your body. To monitor a medical condition. If you've been diagnosed with a disorder that results in too much iron in your body, such as hemochromatosis or hemosiderosis, your doctor may use a ferritin test to monitor your condition and guide treatment. Per guidelines cited, this lab would not be indicated.

Lab: Vitamin D; 25 Hydroxy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/GUIDELINE_S/MHQP_PREVENTIVECAREGUIDELINES_ADULT2014.PDF

Decision rationale: MTUS and ACOEM do not specifically address this lab testing. Per guidelines cited: Osteoporosis 18-39 Years 40-64 Years 65+ Years Counsel about preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking

cessation. Provide bone mineral density (BMD). The patient was not at risk for osteoporosis and so this testing would not be indicated.

Lab: Apolipoprotein A: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/GUIDELINES/MHQP_PREVENTIVECAREGUIDELINES_ADULT2014.PDF

Decision rationale: MTUS and ACOEM do not specifically address this lab test and alternate guidelines were sought. The patient had known hyperlipidemia and was prescribed a statin, crestor. Previous testing was not noted or documented. Per guidelines: Cholesterol 18-65+ Years Screen if not previously tested. Screen every 5 years with lipoprotein profile. If total cholesterol is >200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed. More routine screening for patients with high-risk at clinician discretion. High risk includes family history of premature heart disease or hyperlipidemia; hypertension; low HDL; diabetes; tobacco use; age; and weight (BMI>30). If at risk or screened to have high cholesterol and heart disease, counsel on lifestyle changes including a diet low in saturated fats and high in fiber; weight management; and physical activity. Based on guidelines this cited, this would be indicated.

Lab: Apolipoprotein B: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/GUIDELINES/MHQP_PREVENTIVECAREGUIDELINES_ADULT2014.PDF

Decision rationale: MTUS and ACOEM do not specifically address this lab test and alternate guidelines were sought. The patient had known hyperlipidemia and was prescribed a statin, crestor. Previous testing was not noted or documented. Per guidelines: Cholesterol 18-65+ Years Screen if not previously tested. Screen every 5 years with lipoprotein profile. If total cholesterol is >200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed. More routine screening for patients with high-risk at clinician discretion. High risk includes family history of premature heart disease or hyperlipidemia; hypertension; low HDL; diabetes; tobacco use; age; and weight (BMI>30). If at risk or screened to have high cholesterol and heart disease, counsel on lifestyle changes including a diet low in saturated fats and high in fiber; weight management; and physical activity. Based on guidelines this cited, this would be indicated.

Lab: Glyco Hemoglobin A1C: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/GUIDELINES/MHQP_PREVENTIVECAREGUIDELINES_ADULT2014.PDF

Decision rationale: MTUS and ACOEM do not specifically address this lab test and alternate guidelines were sought. The patient had known hyperlipidemia and HTN(hypertension) and was prescribed a statin, crestor. Previous testing was not noted or documented. Per guidelines: Diabetes (Type 2) 18-65+ Years Screen every 3 years beginning at age 45. Screen more often and begin at a younger age for those who are overweight and if risk factors are present. Risk factors include age; first-degree relative with diabetes; physical inactivity; race/ethnicity (African-American, Hispanic, Native American, Asian); high blood pressure (above 140/90mm Hg); history of vascular disease; elevated cholesterol/lipid levels; history of gestational diabetes or birth of a baby > 9 lbs; impaired glucose tolerance; and polycystic ovary syndrome. A fasting blood sugar is the preferred diagnostic test. The 2-hour oral glucose tolerance or HbA1C tests are also acceptable. Per guidelines cited, the patient had appropriately indicated testing.

Lab: Urine Creatinine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/ency/article/003610.htm>.

Decision rationale: MTUS and ACOEM do not address this lab test. Per guidelines, This test can be used for the following:-Evaluate how well the kidneys are working.-As part of the creatinine clearance test.-To provide information on other chemicals in the urine, such as albumin or protein.Per guidelines cited and the fact that is patient had known HTN, this testing would be indicated.

Rhythm ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation [Nhlbi.nih.gov](http://nlbi.nih.gov) [electrocardiogram].

Decision rationale: MTUS and ACOEM do not address this test. Per guidelines, EKG is used to study heart attacks and arrhythmias. This test can also suggest other disorders of heart function.

The patient had a regular screening EKG . There was no evidence of arrhythmia and so a rhythm EKG would not be indicated.