

Case Number:	CM14-0191251		
Date Assigned:	11/25/2014	Date of Injury:	09/01/2000
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pennsylvania. 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 70-year-old gentleman with a date of injury of 09/01/2000. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 08/05/2014 indicated the worker was experiencing high blood pressure that was well-controlled with medications. Home blood pressures were reported to normal and the worker had no complaints or symptoms. Documented examinations consistently described no abnormal findings, except for possibly some abnormal areas involving the skin. The submitted and reviewed documentation concluded the worker was suffering from essential benign hypertension. Treatment recommendations included oral blood pressure medications, laboratory blood testing, and follow up care. A Utilization Review decision was rendered on 10/22/2014 recommending non-certification for the laboratory blood test total T3, the laboratory blood test total T4, the laboratory blood tests T3 uptake, free T3, free Thyroxine, thyroid stimulating hormone (TSH), ferritin, 25-hydroxy-vitamin D, and hemoglobin A1c (glycosylated hemoglobin). Treating physician notes dated 08/05/2014 and 10/16/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Total T3; T4; T3 Uptake; T3, free; Thyroxine, free: 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 Ross DS, et al. Laboratory assessment of thyroid function. Topic 7891, Version 20.0. UpToDate, accessed 01/06/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, Version 27.0. UpToDate, accessed 01/06/2015

Decision rationale: The MTUS Guidelines are silent on this issue. The literature does not support routinely monitoring those with high blood pressure with this blood test. The literature does support screening those at increased risk for thyroid disease with a thyroid stimulating hormone (TSH) blood level. Other blood tests looking at thyroid function are reserved for those with abnormal TSH results and/or those with overt signs or symptoms of thyroid disease. The submitted documentation did not indicate the worker had symptoms or describe any signs of thyroid disease. In the absence of such evidence, the current request for the laboratory blood tests total T3, total T4, T3 uptake, free T3, and free Thyroxine are not medically necessary.

Labs: Thyroid stimulating hormone (TSH): 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 Ross DS, et al. Laboratory assessment of thyroid function. Topic 7891, Version 17.0. UpToDate, accessed 01/06/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, Version 27.0. UpToDate, accessed 01/06/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature supports screening those at increased risk for thyroid disease with a thyroid stimulating hormone (TSH) blood level. Other blood tests looking at thyroid function are reserved for those with abnormal TSH results and/or those with overt signs or symptoms of thyroid disease. The submitted and reviewed documentation did not indicate the worker had known thyroid disease, an increased risk for thyroid disease, or symptoms or findings concerning for thyroid disease. In the absence of such evidence, the current request for blood testing of the thyroid stimulating hormone (TSH) level is not medically necessary.

Labs: Ferritin: 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 Camaschella C, et al. Regulation of iron balance. Topic 7105, Version 41.0, UpToDate, accessed 01/06/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, Version 27.0. UpToDate, accessed 01/06/2015

Decision rationale: The MTUS Guidelines are silent on this issue. Serum ferritin is a protein in the blood that stores iron and releases it when the body needs more iron, such as during and after bleeding. The level can increase when the body is under physical stress, such as with infection or

inflammation. The presence of very low serum ferritin levels suggests the body does not have enough iron. The presence of increased serum ferritin levels suggests the body is physically stressed and/or the body has too much iron. The literature does not support routinely monitoring those with high blood pressure with this test. The submitted documentation did not indicate recent bleeding had occurred and did not describe signs or symptoms of infection or inflammation. There was no discussion detailing the reason(s) this study was requested. In the absence of such evidence, the current request for blood testing for a ferritin level is not medically necessary.

Labs: Vitamin D, 25 hydroxy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complementary, alternative treatments or dietary supplements. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Workers

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pazirandeh S, et al. Overview of vitamin D, Topic 2033, Version 17.0, UpToDate, accessed 01/06/2015. Vitamin D fact sheet for health professionals. NIH, Office of Dietary Supplements, accessed 01/06/2015. <http://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>, Basile J, et al. Overview of hypertension in adults. Topic 3852, Version 27.0. UpToDate, accessed 01/06/2015

Decision rationale: The MTUS Guidelines are silent on this issue. Vitamin D helps absorb calcium from the gut into the blood and maintains an important balance in the blood between the levels of calcium and phosphate. These roles are primarily important for healthy bone growth and normal bone remodeling. The 25-hydroxy-vitamin D level is a good marker for the status of vitamin D in the body. The submitted and reviewed documentation did not indicate a reason this blood test was needed. Guidelines do not recommend routine monitoring of this level as a part of the worker's reported conditions or during therapy with the documented medications. There was no record of prior abnormal 25-hydroxy-vitamin D levels or a discussion suggesting low or high amounts of vitamin D in the worker's body was suspected. In the absence of such evidence, the current request for blood testing for the 25-hydroxy-vitamin D level is not medically necessary.

Labs: Glyco Hemoglobin A1C: 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 McCulloch DK, et al. Overview of medical care in adults with diabetes mellitus. Topic 1750, Version 34.0. UpToDate, accessed 01/06/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, Version 27.0. UpToDate, accessed 01/06/2015

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Glycosylated hemoglobin (measured with the blood test known as HbA1c) accurately estimates the amount of sugar that was in the bloodstream over the last two to three months. While certain conditions or factors can give falsely high or falsely low results, these are known and can be taken into account. Several large studies have shown glycemic control in the setting of diabetes can decrease heart complications, such as heart attacks, although the intensity of appropriate control remains controversial. Widely accepted Guidelines support testing those with diabetes at least twice yearly if their sugar control appears to be meeting the individualized goals and at least quarterly otherwise. Target goals for this test should also be appropriately individualized. The submitted and reviewed documentation concluded the worker had high blood pressure. There was no discussion indicating the worker had symptoms or describing any signs of diabetes. In the absence of such evidence, the current request for blood testing for the hemoglobin A1c (glycosylated hemoglobin) is not medically necessary.