

Case Number:	CM14-0202752		
Date Assigned:	01/29/2015	Date of Injury:	07/14/2004
Decision Date:	03/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male worked for the highway patrol when he sustained an injury on July 14, 2004. The mechanism of injury was not included in the provided medical records. The diagnoses and results of the injury were not included in the provided medical records. The UR noted he injured multiple body systems, mental/physical, internal organs, mental, multiple head injury, teeth, and spinal cord back. Past treatment included diagnostic studies and proton pump inhibitor medication. The medical records did not include any lab studies that were performed after October 19, 2012. On May 23, 2014, the treating physician noted no new complaints/gastrointestinal bleed/heartburn, and no diarrhea. The physical exam revealed negative neck finding, normal heart sounds, clear lungs, and normal abdomen. Diagnoses were diaphragmatic hernia, irritable bowel syndrome, and esophageal reflux. The physician recommended blood tests prior to the next visit and continuing the proton pump inhibitor medication. On November 21, 2014, the treating physician noted no new complaints/gastrointestinal bleed/dysphagia/heartburn, and no diarrhea. The physical exam was unchanged from the prior visit. The physician recommended continuing the proton pump inhibitor medication, diet and GERD (gastrointestinal reflux disease) precautions. The current work status was not included in the provided medical records. The UR noted the injured worker was not currently working. On November 17, 2014, Utilization Review non-certified requests for complete blood count QTY: 1, lipid panel QTY: 1, Triiodothyronine T3 (Total T3) QTY: 1 and Total Thyroxine QTY: 1 test requested on November 7, 2014. The complete blood count, lipid panel, Triiodothyronine T3 (Total T3), and Total Thyroxine tests were non-certified based on

lack of documentation of this injured worker using non-steroidal anti-inflammatory medication. The applicable guidelines address complete blood count and complete metabolic profile testing with chronic non-steroidal anti-inflammatory medication use, but do not address lipid panel, Triiodothyronine T3 (Total T3) and Total Thyroxine tests. There was a lack of evidence to support the medical necessity of any of the requested tests. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab service: complete blood count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." *Dermatol Clin* 25(2): 195-205, vi-ii

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of CBC with diff testing. CBC with diff can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rationale behind ordering this test. Therefore, the request for complete blood count is not medically necessary.

Lab service: lipid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no documentation that the patient have a history of high cholesterol and the need for lipid panel is not justified.

Lab service: Total T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no evidence of thyroid dysfunction and the request is not medically necessary.

Lab service: T3 uptake: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of thyroid dysfunction and the request for T3 uptake is not medically necessary.

Lab service: T3 free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of thyroid dysfunction, therefore the request for T3 free is not medically necessary.

Lab service: T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of thyroid dysfunction and the request for T4 testing is not medically necessary.

Lab service: free Thyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of thyroid dysfunction and the request for free Thyroxine is not medically necessary.

Lab service: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of thyroid dysfunction and the request for TSH is not medically necessary.

Lab service: Venipuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is indication for blood testing and the request for venipuncture is not medically necessary.

Lab service: Basic metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clinical evidence of metabolic disorders in this case requiring metabolic panel, therefore, the request for metabolic panel is not medically necessary.

Lab service: hepatic function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of liver dysfunction and the request for hepatic function panel is not medically necessary.

Lab service: uric acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no documentation that the patient is suffering from a gout and the need for uric acid testing is not medically necessary.

Lab service: GGTP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is clear evidence of liver dysfunction and the request for CGPT is not medically necessary.

Lab service: serum ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of anemia or inflammation and the request for serum ferritin is not medically necessary.

Lab service: 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 Evaluation and Management of Common Health Problems (ACOEM Practice Guidelines, 2nd Edition (2004), chapter 4), page 70

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: There is no clear evidence of Vitamin D deficiency and the request for for Vitamin D level is not medically necessary.