

Case Number:	CM14-0209984		
Date Assigned:	02/03/2015	Date of Injury:	08/31/2006
Decision Date:	03/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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: Pennsylvania
 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 08/31/2006. It is not entirely clear from the medical records as to what industrial injuries were sustained or what symptoms were experienced in relation to those injuries although it was noted that the injured worker had been exposed to frequent firearms and other noises. Documentation also showed that the injured worker experienced hearing loss and underwent audiometric studies which showed that she was in need of new hearing aids. The injured worker was also diagnosed with hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. The injured worker was prescribed hearing aids and was on proton pump inhibitor, anti-hypertensive and cardiac medication. On 6/24/14, the physician documented that the injured worker noted palpitations, shortness of breath, and dizziness of and on, blood pressure was elevated at 156/104, and that she had been referred to a cardiologist for Holter/event monitor. The treating physician's note of 9/9/14 indicated that the injured worker had no new complaints, blood pressure was under better control, examination showed blood pressure of 130/80, clear lungs and regular heart rate and rhythm, and work status was not specified. Medications included pantoprazole, Benicar/hydrochlorothiazide, Cardizem, and clonidine. The indication for the lab tests at issue was not specified. On 11/24/2014, Utilization Review non-certified requests for CBC, lipid panel, Total T3, T4, T3 uptake, T3 free, free Thyroxine, TSH, venipuncture, BMP, Hepatic function panel, uric acid, GGTP, serum ferritin, Vitamin D, 25 hydroxy and Pantoprazole. The UR physician noted that there was no clear rationale given for ordering the lab tests and that there

was no indication that the injured worker had failed another drug in the same class as pantoprazole, such as omeprazole. MTUS and ODG guidelines were cited by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab works: CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartzstein, Richard. Approach to the patient with dyspnea. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided. There was no diagnosis of anemia or blood dyscrasia, and no prior laboratory studies including prior complete blood count were provided; however, anemia may cause symptoms of dyspnea. For this reason, the request for CBC is medically necessary.

Lab works: Lipid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rosenson, Robert S. et al, Measurement of blood lipids and lipoproteins, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of hyperlipidemia or coronary artery disease, and the medications noted as prescribed to the injured worker did not include any lipid-lowering agents. A fasting lipid profile is recommended by many organizations when screening for lipid abnormalities and cardiovascular risk, and when monitoring therapy. As no results of any prior testing was provided, and due to lack of specific indication, the request for lipid panel is not medically necessary.

Lab Works: Total T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of thyroid disorder. The injured worker did report symptom of palpitations, and hyperthyroidism is a potential cause of this symptom. Screening for thyroid dysfunction is indicated in patients at risk of having thyroid disease who are presently not known to have thyroid disease. The approach to testing should begin with measurement of the serum TSH (thyroid stimulating hormone); if the TSH is normal, no further testing is indicated. If the TSH is low, a free T4 and T3 may be added to determine the degree of hyperthyroidism. As there was no documentation of an abnormal TSH level, and no prior history of thyroid disease, the request for total T3 is not medically necessary.

Lab works: T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of thyroid disorder. The injured worker did report symptom of palpitations, and hyperthyroidism is a potential cause of this symptom. Screening for thyroid dysfunction is indicated in patients at risk of having thyroid disease who are presently not known to have thyroid disease. The approach to testing should begin with measurement of the serum TSH (thyroid stimulating hormone); if the TSH is normal, no further testing is indicated. If the TSH is low, a free T4 and T3 may be added to determine the degree of hyperthyroidism. As there was no documentation of an abnormal TSH level, and no prior history of thyroid disease, the request for T4 is not medically necessary.

Lab works: T3 uptake: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of thyroid disorder. The injured worker did report symptom of palpitations, and hyperthyroidism is a potential cause of this symptom. Screening for thyroid dysfunction is indicated in patients at risk of having thyroid disease who are presently not known to have thyroid disease. The approach to testing should begin with measurement of the serum TSH (thyroid stimulating hormone); if the TSH is normal, no further testing is indicated. If the TSH is low, a free T4 and T3 may be added to determine the degree of hyperthyroidism. As there was no documentation of an abnormal TSH level, and no prior history of thyroid disease, the request for T3 uptake is not medically necessary.

Lab works: T3 free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of thyroid disorder. The injured worker did report symptom of palpitations, and hyperthyroidism is a potential cause of this symptom. Screening for thyroid dysfunction is indicated in patients at risk of having thyroid disease who are presently not known to have thyroid disease. The approach to testing should begin with measurement of the serum TSH (thyroid stimulating hormone); if the TSH is normal, no further testing is indicated. If the TSH is low, a free T4 and T3 may be added to determine the degree of hyperthyroidism. As there was no documentation of an abnormal TSH level, and no prior history of thyroid disease, the request for free T3 is not medically necessary.

Lab works: free Thyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of thyroid disorder. The injured worker did report symptom of palpitations, and hyperthyroidism is a potential cause of this symptom. Screening for thyroid dysfunction is indicated in patients at risk of having thyroid disease who are presently not known to have thyroid disease. The approach to testing should begin with measurement of the serum TSH (thyroid stimulating hormone); if the TSH is normal, no further testing is indicated. If the TSH is low, a free T4 and T3 may be added to determine the degree of hyperthyroidism. As there was no documentation of an abnormal TSH level, and no prior history of thyroid disease, the request for free thyroxine is not medically necessary.

Lab works: TSH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of thyroid disorder. The injured worker did report symptom of palpitations, and hyperthyroidism is a potential cause of this symptom. Screening for thyroid dysfunction is indicated in patients at risk of having thyroid disease who are presently not known to have thyroid disease. The approach to testing should begin with measurement of the serum TSH (thyroid stimulating hormone); if the TSH is normal, no further testing is indicated. Due to the symptoms of palpitations, the request for TSH is medically necessary.

Lab works: venipuncture: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross, Douglas et al, Laboratory assessment of thyroid function, in UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Kaplan, Normal. Use of thiazide diuretics in patients with primary (essential) hypertension. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. Multiple laboratory tests were ordered. Venipuncture is used to obtain a blood sample for laboratory testing. As two of the requested laboratory tests have been determined to be medically necessary, the request for venipuncture is medically necessary.

Lab works: BMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kaplan, Normal. Use of thiazide diuretics in patients with primary (essential) hypertension. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Mann, Johannes FE. Choice of drug therapy in primary (essential) hypertension: recommendations. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. However, the documentation submitted noted that the injured worker was being treated with Benicar/Hydrochlorothiazide, an angiotensin receptor blocker and a thiazide diuretic, for hypertension. Both of these agents may cause electrolyte abnormalities as side effects and monitoring for this is recommended. For this reason, the request for BMP is medically necessary.

Lab works: Hepatic function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Friedman, Lawrence. Approach to the patient with abnormal liver biochemical and function tests. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. There was no diagnosis of liver disorder or documentation of risk for liver disease. The request for hepatic function panel is not medically necessary.

Lab works: uric acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Becker, Michael. Diuretic-induced hyperuricemia and gout. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided. The injured worker had a diagnosis of hypertension and was being treated with a thiazide diuretic and an angiotensin receptor blocker. Thiazide diuretics such as hydrochlorothiazide may cause hyperuricemia. Among patients with hypertension, the concurrent administration of an angiotensin receptor blocker can minimize the diuretic-induced rise in plasma urate concentration. Treatment of asymptomatic hyperuricemia is not necessary. There was no history of gout or uric acid nephrolithiasis. The request for uric acid level is not medically necessary.

Lab works: GGTP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Friedman, Lawrence. Approach to the patient with abnormal liver biochemical and function tests. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Friedman, Lawrence. Enzymatic measures of cholestasis. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. GGTP (gamma-glutamyl transpeptidase) may be elevated in hepatobiliary disease. There was no documentation of signs or symptoms of cholestasis, and no abdominal complaints or findings were noted. There was no diagnosis of liver disorder or documentation of risk for liver disease. The request for GGTP is not medically necessary.

Lab works: serum ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schrier, Stanley. Causes and diagnosis of iron deficiency anemia in the adult. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Schrier, Stanley and Bacon, Bruce. Approach to the patient with suspected iron overload. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided. No results of prior laboratory testing was provided. The serum or plasma ferritin concentration is an excellent indicator of iron stores in otherwise healthy adults and has replaced assessment of bone marrow iron stores as the gold standard for the diagnosis of iron deficiency in most patients. An increased plasma ferritin may indicate iron overload. There was no documentation of diagnosis of or risk for iron deficiency anemia or iron overload state in this injured worker. The request for serum ferritin level is not medically necessary.

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 A Public Resource on Clinical Lab Testing from the Laboratory of Professionals Who Do the Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dawson-Hughes, Bess. Vitamin D deficiency in adults: definition, clinical manifestations, and treatment. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker had diagnoses of hearing loss, hypertension, esophageal reflux, cardiac dysrhythmia, and inguinal hernia. Limited records were submitted but noted

issues with elevated blood pressure, palpitations, shortness of breath, and dizziness. The specific indication for the blood tests requested was not provided, and no results of prior laboratory testing was provided. The approach to testing and repletion is based upon an initial assessment of a patient's risk for having a low vitamin D level. Routine screening is not recommended. The injured worker did not have diagnoses of osteoporosis, malabsorption syndromes, or other diagnoses known to be associated with vitamin D deficiency. The request for vitamin D, 25 hydroxy is not medically necessary.