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| Case Number: | CM14-0217399 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 10/22/2004 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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 63-year-old male who has reported internal medicine conditions attributed to an injury on 10/22/2004. The diagnosis per the current treating physician reports is hypertension and benign hypertensive heart disease. The reports from this physician during 2012-2014 reflect adequate-to-borderline blood pressure control with the use of antihypertensives Ramipril and toprol. There are brief mentions of DM and treatment of diabetes by another physician. A complete blood count (CBC), lipid panel, chemistry panel in 2012 showed high blood glucose and HbA1c, a high uric acid, and a low vitamin D. The indications for this testing were not discussed, and the results are not mentioned in the subsequent PR2. In 2013, the treating physician performed cardiac echocardiography, which showed mild left ventricular hypertrophy (LVH) and left atrial enlargement. Blood studies were repeated in 2013 on two occasions, with similar findings. Urinary creatinine was elevated. The PR2 of 4/9/13 listed the various tests with no mention of indications or prior results. The PR2 of 6/24/14 lists the blood and cardiac tests to be performed without discussing the indications or past results. The tests were performed on that date. The Request for Authorization of 12/8/14 is for the same blood tests and cardiac tests, with a listed diagnosis of hypertension. The PR2 of 09/16/2014 notes that diabetic medications were stopped by the injured worker 6 months ago. The treatment plan included a ref to ER/urgent care to restart meds for diabetes, antihypertensive medications, blood tests. On 12/16/14, the treating physician performed the requested tests, although it appears that this was in spite of a Utilization Review non-certification. On 12/15/2014 Utilization Review non-certified the request for the tests now under Independent Medical

Review, noting the absence of any physician reports which explain the specific indications. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine CBC testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Lipid Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine lipid testing every 6 months. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Total T3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine thyroid testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

T4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine thyroid testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

T3/Uptake: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine thyroid testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity

even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

T3 Free: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine thyroid testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Free Thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine thyroid testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Laboratory assessment of thyroid function.

Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine thyroid testing. The treating physician has not provided any specific indications for this test and the multiple prior, normal test results make the medical necessity even less likely. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Venipuncture: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. Ramipril, Drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The requested services include a basic metabolic panel. This is a laboratory test obtained on venous blood. As noted in the decision for the basic metabolic panel, this laboratory test has been determined to be medically necessary for monitoring of renal function and creatinine in this injured worker who is treated with antihypertensive medications, which include an angiotensin converting enzyme inhibitor. For this reason, the request for venipuncture is medically necessary.

Basic Metabolic Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. Ramipril, Drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker has been diagnosed with hypertension and diabetes, and reports from 2013 and 2014 indicate that he has been treated with Ramipril, an angiotensin-converting enzyme (ACE) inhibitor. Monitoring parameters for this medication include blood pressure, serum creatinine, and potassium. Renal function and serum potassium should be assessed within 1-2 weeks after initiation of treatment and periodically thereafter, especially in patients with diabetes. Due to the need for periodic monitoring of renal function and potassium in this injured worker who has diagnoses of hypertension and diabetes being treated with an ACE inhibitor, the request for basic metabolic panel is medically necessary.

Hepatic Function Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine liver testing every 6 months. The treating physician has not provided any specific indications for this test and the multiple prior tests make the medical necessity even less likely. There is no evidence that the results of the tests were used to change or influence the treatment plan. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Uric Acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine blood testing every 6 months. The treating physician has not provided any specific indications for this test and the multiple prior tests make the medical necessity even less likely. There is no evidence that the results of the tests were used to change or influence the treatment plan. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

GGTP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine liver testing every 6 months. The treating physician has not provided any specific indications for this test and the multiple prior tests make the medical necessity even less likely. There is no evidence that the results of the tests were used to change or influence the treatment plan. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Serum Ferritin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine Ferritin testing every 6 months. The treating physician has not provided any specific indications for this test and the multiple prior tests make the medical necessity even less likely. There is no evidence that the results of the tests were used to change or influence the treatment plan. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.

Vitamin D; 25 Hydroxy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician performs this test every 6 months, and has not provided the specific indications. The listed diagnosis of hypertension does not automatically require the performance of this test every 6 months. The guideline cited above does not recommend routine vitamin D testing every 6 months. The treating physician has not provided any specific indications for this test and the multiple prior tests make the medical necessity even less likely. There is no evidence that the results of the tests were used to change or influence the treatment plan. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity, including the prior test results.