

<b>Case Number:</b>	CM14-0072763		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 California. 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:

According to the records made available for review, this is a 63-year-old female with an 8/1/01 date of injury. At the time (4/11/14) of the request for authorization for Chem 19 laboratory test; serum/plasma laboratory test; GGT (gamma glutamyl transferase) laboratory test; urinalysis; complete CBC (complete blood count) includes differential count; E1A 9 with GCMS (E1A 9 alcohol gas chromatograph mass spectrometer) 4/Fentanyl/Meperidine; TSH (thyroid stimulating hormone) testing; Hydrocodone & metabolite serum; and Morphine free unconjugated, there is documentation of subjective (doing well, PEG tube removed) and objective (none specified) findings, current diagnoses (dysphagia, unspecified), and treatment to date (medication). There is no documentation of a clearly stated rationale with supportive findings identifying why the requested Chem 19 laboratory test; serum/plasma laboratory test; GGT (gamma glutamyl transferase) laboratory test; urinalysis; complete CBC (complete blood count) includes differential count; E1A 9 with GCMS (E1A 9 alcohol gas chromatograph mass spectrometer) 4/Fentanyl/Meperidine; TSH (thyroid stimulating hormone) testing; Hydrocodone & metabolite serum; and Morphine free unconjugated is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chem 19 laboratory test:** 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested Chem 19 laboratory test is needed. Therefore, based on guidelines and a review of the evidence, the request for Chem 19 laboratory test is not medically necessary.

**Serum/plasma laboratory test:** 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested serum/plasma laboratory test is needed. Therefore, based on guidelines and a review of the evidence, the request for serum/plasma laboratory test is not medically necessary.

**GGT (gamma glutamyl transferase) laboratory test:** 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 Other Medical Treatment Guideline or Medical

Evidence: Medical Necessity of Laboratory Tests  
([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested GGT (gamma glutamyl transferase) laboratory test is needed. Therefore, based on guidelines and a review of the evidence, the request for GGT (gamma glutamyl transferase) laboratory test is not medically necessary.

**Urinalysis:** 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests  
([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested urinalysis is needed. Therefore, based on guidelines and a review of the evidence, the request for urinalysis is not medically necessary.

**Complete CBC (complete blood count) includes differential count:** 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests  
([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to

improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested complete CBC (complete blood count) includes differential count is needed. Therefore, based on guidelines and a review of the evidence, the request for complete CBC (complete blood count) includes differential count is not medically necessary.

**E1A 9 with GCMS (E1A 9 alcohol gas chromatograph mass spectrometer)**

**4/Fentanyl/Meperidine: 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested E1A 9 with GCMS (E1A 9 alcohol gas chromatograph mass spectrometer) 4/Fentanyl/Meperidine is needed. Therefore, based on guidelines and a review of the evidence, the request for E1A 9 with GCMS (E1A 9 alcohol gas chromatograph mass spectrometer) 4/Fentanyl/Meperidine is not medically necessary.

**TSH (thyroid stimulating hormone) testing: 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice

standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested TSH (thyroid stimulating hormone) testing is needed. Therefore, based on guidelines and a review of the evidence, the request for TSH (thyroid stimulating hormone) testing is not medically necessary.

**Hydrocodone & metabolite serum:** 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested Hydrocodone & metabolite serum is needed. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone & metabolite serum is not medically necessary.

**Morphine free unconjugated:** 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of dysphagia, unspecified. However, there is no documentation of a clearly stated rationale with

supportive findings identifying why the requested Morphine free unconjugated is needed. Therefore, based on guidelines and a review of the evidence, the request for Morphine free unconjugated is not medically necessary.