

Case Number:	CM15-0001028		
Date Assigned:	01/12/2015	Date of Injury:	09/23/2008
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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 York
 Certification(s)/Specialty: Emergency 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 (IW) is 52-year-old male who sustained an industrial related injury on 3/27/87. The treating physician's report dated 9/16/14 noted the injured worker was feeling well and blood pressure was being controlled with medication. Physical examination findings included blood pressure to be 110/80 and the lungs were clear. There were no abnormalities documented. The diagnosis was essential hypertension. Medical history included asthma. The injured worker was prescribed losartan, hydrochlorothiazide, Advair, and Atenolol. On 12/8/14 the treating physician requested authorization for extensive laboratory testing. The rationale for these requested tests were not present in the record. The submitted records did not include previous laboratory studies. On 12/12/14 UR, decision modified the laboratory requests to approve a complete blood count, venipuncture, basic metabolic panel, and hepatic function panel only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Testing: Lipid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=47783&search=lipid>>

Decision rationale: CA MTUS and ODG are silent on this issue. The above referenced guideline recommends that "coronary risk status and a lipid profile should be obtained at least annually." A detailed algorithm included within this reference recommends calculating a patient's 10-year risk for coronary heart disease. Based on this calculation, the guidelines project goal lipid levels and suggest treatment regimens. The documentation included for review does not address if the IW has previously had his lipid levels checked. The IW is not taking medications to modulate lipid levels. Other risk factors for cardiac disease including weight and tobacco use are not discussed. With explanation or documentation to indicate the need for this test, the request for a lipid profile is not medically necessary.

Lab Testing: Total T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38907&search=thyroid>>

Decision rationale: CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are tests used in the diagnosis and management of patients with thyroid disease. The above cited reference states "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicated when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for total T3 level is not medically necessary.

Lab Testing: T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38907&search=thyroid>>

Decision rationale: CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are tests used in the diagnosis and management of patients with thyroid disease. The

above cited reference states "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicating when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for T4 level is not medically necessary.

Lab Testing: T3 Uptake: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38907&search=thyroid>>

Decision rationale: CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are test used in the diagnosis and management of patients with thyroid disease. The above cited reference states "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicating when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for T3 level uptake is not medically necessary.

Lab Testing: T3 Free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38907&search=thyroid>>

Decision rationale: CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are test used in the diagnosis and management of patients with thyroid disease. The above cited reference states "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicating when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight

changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for free T3 level is not medically necessary

Lab Testing: Free Thyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38907&search=thyroid>>

Decision rationale: CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are tests used in the diagnosis and management of patients with thyroid disease. The above cited reference states "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicated when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for free thyroxine is not medically necessary.

Lab Testing: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38907&search=thyroid>>

Decision rationale: CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are tests used in the diagnosis and management of patients with thyroid disease. The above cited reference states "Routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicated when nonspecific signs and symptoms are present in patients at risk for thyroid disease." The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for TSH level is not medically necessary.

Lab Testing: Uric Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com
<http://www.uptodate.com/contents/asymptomatic-hyperuricemia?source=search_result&search=uric+acid&selectedTitle=3%7E150>

Decision rationale: CA MTUS and ODG are silent on this issue. The above referenced cite reviewed uric acid in the body and discusses conditions that may occur with elevated serum uric acid levels. These conditions include renal calculi, acidic renal diseases and flares of gout. Other conditions that may be associated with asymptomatic hyperuricemia include "hypertension, chronic kidney disease, and a cardiovascular disease and insulin resistance syndrome." The IW does not have documented previous levels of elevated uric acid. In addition, there are no diagnoses that support crystalline diseases process. While the IW does have hypertension, it is well controlled with the current medication regimen. The IW had no complaints. The request for uric acid is not medically necessary.

Lab Testing: GGTP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=38889&search=ggtp>>

Decision rationale: CA MTUS and ODG are silent on this topic. The above reference discusses the different laboratory studies that are used to evaluate the liver. The GGTP test is used to identify biliary obstruction or hepatic infiltration. The reference states that "an isolated minor elevation of GGT is a relatively common finding and does not necessarily indicate significant liver disease." The IW is not on any medications that would affect liver function. There are not subjective or objective findings to support concern for liver disease or biliary obstruction. Without this supporting documentation, the request for laboratory GGTP testing is not medically necessary

Lab Testing: Serum Ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

<<http://www.guideline.gov/content.aspx?id=45378&search=serum+ferritin>>;
<<http://www.guideline.gov/content.aspx?id=34281&search=serum+ferritin>>

Decision rationale: CA MTUS and ODG are silent on this topic. The above guidelines discuss the use of serum ferritin. This laboratory test is used for the diagnosis and treatment of iron deficiency as well as in the "assessment and management of patients with all forms of iron-restricted erythropoiesis. There is no documentation in the record that supports the IW had signs or symptoms of anemia. Additionally, there are no previous blood tests to support a diagnosis of anemia. Without this supporting documentation, the request for Serum Ferritin lab levels is not medically necessary.

Lab Testing: Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=24511&search=vitamin+d>>

Decision rationale: CA MTUS and ODG are silent on this topic. The above reference provides a guideline protocol for Vitamin D testing in healthy adults. The exception to healthy adults include malabsorption syndromes, renal failure, bone pain, and unusual fractures. The guidelines state, "routine serum vitamin D testing or screening for vitamin D deficiency is not recommended." Further discussion suggests that vitamin D supplementation is generally considered safe and so supplementation without testing is supported. The IW does not have any subjective complaints or objective findings that raise concern for vitamin deficiencies. Given the relatively benign effects of supplementation, laboratory testing for vitamin D is not medically necessary.

Lab Testing: 25 Hydroxy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=24511&search=vitamin+d>>

Decision rationale: CA MTUS and ODG are silent on this topic. The above reference provides a guideline protocol for Vitamin D testing in healthy adults. Vitamin D testing, when complete, is typically done by testing 25-hydroxy vitamin D. The exception to healthy adults include malabsorption syndromes, renal failure, bone pain, and unusual fractures. The guidelines state, "routine serum vitamin D testing or screening for vitamin D deficiency is not recommended." Further discussion suggests that vitamin D supplementation is generally considered safe and so supplementation without testing is supported. The IW does not have any subjective complaints or

objective findings that raise concern for vitamin deficiencies. Given the relatively benign effects of supplementation, laboratory testing for vitamin D or its form 25-Hydroxy vitamin D is not medically necessary.

Lab Testing: Apolipoprotein A: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online
<<http://labtestsonline.org/understanding/analytes/apoa/tab/test>>

Decision rationale: CA MTUS and ODG are silent on this topic. Apolipoprotein A is a component of a comprehensive lipid tests that may be ordered in addition to standard lipid profile testing. This test, along with Apolipoprotein B, may be used in place of laboratory cholesterol tests to help risk stratify cardiovascular disease. According the cited reference, Apolipoprotein A may be ordered for patients with inherited or acquired deficiencies of the protein, evaluate people with family history or to monitor the effects of medications or lifestyle adjustments. The records submitted do not speak to the IW family history or personal history of cardiovascular disease. The record does not support the IW is being treated for elevated cholesterol and there is no discussion regarding body weight or life style habits. Without this documentation, the request for Apolipoprotein A testing is not medically necessary.

Lab Testing: Apolipoprotein B: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online
<<http://labtestsonline.org/understanding/analytes/apob/tab/glance>>

Decision rationale: CA MTUS and ODG are silent on this topic. Apolipoprotein B is a component of a comprehensive lipid tests that may be ordered in addition to standard lipid profile testing. This test, along with Apolipoprotein A, may be used in place of laboratory cholesterol tests to help risk stratify cardiovascular disease. According the cited reference, Apolipoprotein B may be ordered for patients with inherited or acquired deficiencies of the protein, evaluate people with family history or to monitor the effects of medications or lifestyle adjustments. The records submitted do not speak to the IW family history or personal history of cardiovascular disease. The record does not support the IW is being treated for elevated cholesterol and there is no discussion regarding body weight or life style habits. Without this documentation, the request for Apolipoprotein B testing is not medically necessary.

Lab Testing: Glycohemoglobin A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse
<<http://www.guideline.gov/content.aspx?id=34166&search=a1c>>

Decision rationale: CA MTUS and ODG are silent on this topic. Glycohemoglobin A1C is a laboratory test use to measure the glycemic control in individuals with diabetes mellitus. The laboratory study may also be used for the diagnosis of diabetes. The IW does not have a history of diabetes, nor is he on glucose lowering medications. There are no subjective complaints that raise concern for elevated glucose levels in the records submitted. The IW was recently approved for a chemistry panel that includes a measures glucose level. Glycohemoglobin A1C may be indicated if the serum glucose is noted to be high. This result is not available in the records for review. The laboratory test is not medically necessary.