

Case Number:	CM15-0008371		
Date Assigned:	01/26/2015	Date of Injury:	11/08/2002
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for asthma reportedly associated with an industrial injury of November 8, 2002. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve requests for various laboratory tests, including a serum uric acid, transaminases, lipoprotein, and hemoglobin A1c. The applicant's attorney subsequently appealed. In a progress note dated April 11, 2014, the attending provider acknowledged that the applicant's asthma was stable. Albuterol, Asmanex, and Nasonex were endorsed. The applicant was asked to follow up in three months. In a handwritten progress note dated January 16, 2015, the attending provider acknowledged that the applicant's asthma was stable. The attending provider again acknowledged that the applicant was feeling well. The applicant had "no complaints," it was acknowledged. The applicant exhibited normal cardiopulmonary exam. CBC, metabolic panel, and various other laboratory testing's were endorsed while the applicant was given prescriptions for Asmanex, albuterol, and Nasonex. The applicant was asked to follow up in three months. The applicant's work and functional status were not outlined. The note was very sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIPID PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

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: Mosby's Diagnostic and Laboratory Test Reference, Kathleen Pagana: "Lipoproteins are considered to be an accurate predictor of heart disease. As part of the lipid profile, these tests are performed to identify persons at risk for developing heart disease and to monitor the response to therapy if abnormalities are found."

Decision rationale: No, the proposed lipid panel is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While Mosby's Diagnostic and Laboratory Reference acknowledges that lipid profile testing is "performed to identify persons at risk for developing heart disease and to monitor the response of therapy if abnormalities are found," in this case, however, it was not clearly stated or established that the applicant in fact had had a history of dyslipidemia. There was no mention of the applicant's personally carrying diagnoses of dyslipidemia, hypertriglyceridemia, or hypercholesterolemia. No rationale for the testing in question was sought. Therefore, the request was not medically necessary.

T3 Free: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly the request for a free T3 laboratory test was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for hypothyroidism or other comorbid conditions is recommended in applicants with hand and wrist complaints with a history suggestive of the same, in this case, however, there was no mention of hypothyroidism being suspected here. There was no mention of the applicant's carrying an established diagnosis of hypothyroidism. There was no mention of the applicant's carrying a suspected diagnosis of hypothyroidism. The attending provider's handwritten progress notes failed to provide a rationale for the request in hand. Therefore, the request was not medically necessary.

FREE THYROXINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The request for a free thyroxine, another thyroid function test, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does support testing for hypothyroidism or other comorbid conditions in applicants with a suggestive history, in this case, however, the attending provider's handwritten progress note of January 16, 2015 contained no references to suspected hypothyroidism. It was not clearly stated what was suspected. The attending provider did not clearly state why (or if) he suspected thyroid pathology. Therefore, the request was not medically necessary.

TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for TSH, another thyroid function test, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does recommended testing for hypothyroidism or other comorbid conditions in applicants with a suggestive history, in this case, however, the attending provider's handwritten January 16, 2015 progress note was difficult to follow, not entirely legible, and did not outline a clear or compelling rationale for the testing at hand. There was no mention of hypothyroidism being suspected here. Therefore, the request was not medically necessary.

HEPATIC FUNCTION PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - General Statements Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic. Page(s): 70.

Decision rationale: Similarly, the request for hepatic function panel was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support periodic assessment of an applicant's hematologic, renal, and hepatic function in individuals using NSAIDs, in this case, however, the applicant's complete medication list was not attached to the RFA form. The applicant did not appear to be using NSAIDs as of January 16, 2015. No rationale for selection of the hepatic function panel was furnished by the attending provider. Therefore, the request was not medically necessary.

URIC ACID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Similarly, the request for serum uric acid was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 208, tests for autoimmune diseases such as the serum uric acid at issue, a marker of gout, can be useful to screen for inflammatory or autoimmune sources of the joint pain. Here, however, there was no mention of the applicant's having joint pain on the January 16, 2015 office visit on which the serum uric acid was ordered. The only diagnosis the attending provider gave the applicant on that date was that of asthma. ACOEM Chapter 9, page 208 further notes that tests for autoimmune or inflammatory diseases should be employed to confirm clinical impressions, rather than purely a screening test in a shotgun attempt to clarify reasons for unexplained symptoms. Here, no rationale for selection of this particular test was furnished.

Therefore, the request was not medically necessary.

GGTP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic. Page(s): 70.

Decision rationale: Similarly, the request for a GGTP, a hepatic function test, was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested monitoring of applicants using NSAIDs include periodic monitoring of a CBC and chemistry profile to include liver function testing such as the GGTP at issue, in this case, however, the applicant was not seemingly using NSAIDs as of the January 16, 2015 office visit on which the article in question was ordered. No rationale for selection of this particular test was proffered by the attending provider. Therefore, the request was not medically necessary.

SERUM FERRITIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Similarly, the request for a GGTP, a hepatic function test, was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested monitoring of applicants using NSAIDs include periodic monitoring of a CBC and chemistry profile to include liver function testing such as the GGTP at issue, in this case, however, the applicant was not seemingly using NSAIDs as of the January 16, 2015 office visit

on which the article in question was ordered. No rationale for selection of this particular test was proffered by the attending provider. Therefore, the request was not medically necessary.

Decision rationale: Similarly, the request for serum ferritin was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. Mosby's Diagnostic and Laboratory Test Reference textbook notes that the "serum ferritin study is a good indicator of available iron stores in the body." Here, however, the attending provider did not state why it was important to test or monitor the applicant's iron stores. There was no mention of the applicant's having issues with anemia, hemochromatosis, hemosiderosis, etc., which would compel the serum ferritin laboratory test at issue. The attending provider's handwritten progress note dated January 16, 2015 was sparse, handwritten, difficult to follow, and did not furnish a narrative rationale to accompany the Request for Authorization. Therefore, the request was not medically necessary.

VIT D 25 HYDROXY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

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: Mosby's Diagnostic and Laboratory Test Reference, by Kathleen Pagana: "Vitamin D levels are calculated to ensure that postmenopausal women have adequate vitamin D levels to absorb dietary calcium."

Decision rationale: The request for a vitamin D 25-hydroxy laboratory study was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, Mosby's Diagnostic and Laboratory Test Reference textbook notes that "vitamin D levels are calculated to ensure that postmenopausal women have adequate vitamin D levels to absorb dietary calcium." Here, the applicant was male and 40 years old. The attending provider's handwritten January 16, 2015 progress note contained no references to a suspected vitamin D deficiency. It was not clearly stated why the vitamin D test at issue was ordered. No rationale for the same was attached. Therefore, the request was not medically necessary.

APOLLIPOPROTEIN A: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

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: Mosby's Diagnostic and Laboratory Test Reference, by Kathleen Pagana: "Lipoproteins are considered to be an accurate predictor of heart disease."

Decision rationale: The request for an apolipoprotein A, a lipoprotein test, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the

topic. As noted by Mosby's Diagnostic and Laboratory Test Reference, lipoproteins are a predictor of heart disease. Here, however, the attending provider did not attach any applicant-specific rationale to the January 16, 2015 RFA form and progress note. No rationale for the study in question was furnished. The applicant was 40 years old. There was no mention of the applicant's having suspected heart disease here. Therefore, the request was not medically necessary.

APOLIPOPROTEIN B: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

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: Mosby's Diagnostic and Laboratory Test Reference, by Kathleen Pagana: "Lipoproteins are considered to be an accurate predictor of heart disease."

Decision rationale: Similarly, the request for an apolipoprotein B was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While Mosby's Diagnostic and Laboratory Test Reference acknowledges that lipoprotein testing is an accurate predictor of heart disease, in this case, however, the attending provider did not clearly state why heart disease is suspected. The attending provider did not furnish a rationale for the test at hand. The attending provider did not state why he was testing for apolipoprotein when the applicant's stated diagnosis was asthma. Therefore, the request was not medically necessary.

GLYCO HEMOGLOBIN A1C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The decision for a glycohemoglobin A1c, a marker of diabetes, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does recommend testing for diabetes or other comorbid conditions in applicants with a suggestive history, in this case, however, there was no mention of the applicant's carrying a diagnosis of diabetes. There was no mention of the applicant's carrying a suspected diagnosis of diabetes. The attending provider's handwritten January 16, 2015 progress note contained little to no narrative commentary, was sparse, and did not furnish any rationale for the request at hand. Therefore, the request was not medically necessary.