

<b>Case Number:</b>	CM15-0018942		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	07/31/2000
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 a 57-year-old male, who sustained a cumulative trauma work injury creating low back pain on 7/31/00 as a highway patrol officer. Mechanism of injury was not found. He has reported symptoms of burning sacral discomfort with stabbing pain traveling into his upper thighs in the hamstring regions bilaterally. Prior medical history includes hypertension. Medications include Atenolol, Felodipine, and Ramipril. The diagnosis was low back pain, non-industrial and degenerative disk disease and lumbar spondylolysis, non-industrial. Treatments to date included Non-Steroidal Anti-Inflammatory Drug (NSAIDs) and Soma. X- ray of the lumbar spine on 2/18/10 noted intervertebral disk space narrowing with mild bony spondylosis at L5-S1 associated with degenerative facet joint hypertrophy. Neurological examination on 7/9/13 reported normal exam with slightly reduced range of motion of the lumbar spine. Examination noted negative straight leg raises, negative Lasègue's sign, and negative Faber test bilaterally. Motor strength was 5/5 and equal bilaterally when testing hip flexion, abduction, adduction, knee extension, knee flexion, ankle dorsiflexion, ankle plantar flexion, and great toe extension. As per the treating physician's medical report, dated 10/24/14, there were no new complaints and blood pressure was controlled by medication. Labs were ordered to include a blood count, complete (CBC), Lipid Panel, Triiodothyronine T3, total (TT-3), and Thyroxine. Prior testing was not documented for comparison. On 1/15/15, Utilization Review non-certified Blood count, complete (CBC); Lipid Panel; Triiodothyronine T3, total (TT-3); Thyroxine, noting the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Complete Blood Count (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**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/cbc/tab/test>).

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above reference, labtestsonline.org, complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. It can be used to screen for a wide range of conditions and diseases, help diagnose various conditions and monitor the condition and/or effectiveness of treatment after a diagnosis is established. Disease processes evaluated by a CBC include anemia, infection, inflammation, bleeding disorder and certain blood cancers. In this case, the injured worker is followed for a diagnosis of hypertension, which is well controlled. There is no discussion or previous laboratory studies, new complaints or findings on physical exam to warrant a blood screening evaluation. Without this, the request for a CBC is not medically necessary.

### **Lipid Panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**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/lipid/tab/test>).

**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 the IW previous lipid values, which were included in the record and noted, be mostly within normal limits. The IW is not taking medications to modulate lipid levels and there was not dietary or lifestyle modifications discussed. In addition, these lab values were obtained 6 month

prior to the current request. Other risk factors for cardiac disease including weight and tobacco use are not discussed. Without explanation or documentation to indicate the need for this test, the request for a lipid profile is not medically necessary.

**Total T3 (Triiodothyronine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic (<http://www.mayoclinic.org/diseases-conditions/secondary-hypertension/basics/causes/con-20033994>).

**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. Laboratory testing from July 2014 reveals normal thyroid function test results for this IW. Without this supporting documentation, the request for total T3 level is not medically necessary.

**Total Thyroxine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic (<http://www.mayoclinic.org/diseases-conditions/secondary-hypertension/basics/causes/con-20033994>).

**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. Laboratory testing from July 2014 reveals normal thyroid function test results for this IW. Without this supporting documentation, the request for Thyroxine is not medically necessary.

### **T3 Uptake: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**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. Laboratory testing from July 2014 reveals normal thyroid function test results for this IW. Without this supporting documentation, the request for T3 uptake level is not medically necessary.

### **T3 Free: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**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. Laboratory testing from July 2014 reveals normal thyroid function test results for this IW. Without this supporting documentation, the request for T3 uptake level is not medically necessary.

**Thyroxine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**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. Laboratory testing from July 2014 reveals normal thyroid function test results for this IW. Without this supporting documentation, the request for Thyroxine level is not medically necessary.

**Thyroid-Stimulating Hormone (TSH):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline 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. Laboratory testing from July 2014 reveals normal thyroid function test results for this IW. Without this supporting documentation, the request for TSH level is not medically necessary.

**Venipuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Basic Metabolic Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate (<http://www.uptodate.com/contents/search?search=laboratory+test+screening>).

**Decision rationale:** CA MTUS and ODG are silent on this topic. Submitted documentation states the IW had laboratory studies, which included a chemistry panel completed in July 2014. The results were not discussed. There is not clear rationale or discussion of medical condition to support the request for a re-evaluation of the chemistry labs. The IW does not have underlying medical conditions that require ongoing laboratory monitoring at 6-month intervals. Without this information or clear indication, the request for a basic metabolic panel is not medically necessary.

### **Hepatic Function Panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate (<http://www.uptodate.com/contents/search?search=laboratory+test+screening>).

**Decision rationale:** CA MTUS and ODG are silent on this topic. Submitted documentation states the IW had laboratory studies which included a hepatic laboratory tests was completed in July 2014. The results were not discussed. There is not clear rationale or discussion of medical condition to support the request for a re-evaluation of the hepatic labs. Additionally, the request for "hepatic function tests" includes a broad range of possible laboratory tests. It is unclear what tests the practitioner is requesting. The IW does not have underlying medical conditions that require ongoing laboratory monitoring at 6-month intervals. Without this information or clear indication, the request for a hepatic function tests is not medically necessary.

### **Uric Acid: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate ([http://www.uptodate.com/contents/asymptomatic-hyperuricemia?source=search\\_result&search=uric+acid&selectedTitle=3%7E150](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, a cardiovascular disease and insulin resistance syndrome." The IW has documented normal level of uric acid from a test completed in July 2014. In addition, there are no diagnoses that support crystalline disease 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.

### **Gamma-Glutamyl Transpeptidase (GGTP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline 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. Submitted documentation states the IW had laboratory studies which included a hepatic laboratory tests was completed in July 2014. The results were not discussed. Without this supporting documentation, the request for laboratory GGTP testing is not medically necessary.

**Serum Ferritin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=45378&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 if iron deficiency as well as in the "assessment and management of patients with all forms of iron-restricted erythropoiesis" The submitted documentation includes a copy of laboratory tests from July 2014, which includes a Ferritin level. The result is reported higher than the laboratory's reference included. There is no discussion regarding this level or any plans to address it. There is not documentation in the record that supports the IW had signs or symptoms of anemia. Without this supporting documentation, the request for Serum Ferritin lab levels is not medically necessary.

**Apolipoprotein A:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=46910&search=apolipoprotein+a>).

**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. The records include laboratory tests that include an Apolipoprotein A level drawn in July 2014 that was within normal reference range. There is not discussion of this testing within the records. Without this documentation, the request for Apolipoprotein A testing is not medically necessary.