MAXIMUS Federal Services

Case Number:	CM15-0128242		
Date Assigned:	07/17/2015	Date of Injury:	03/03/2004
Decision Date:	12/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/03/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 49 year old male who sustained an industrial injury on 03/03/2004. A review of the medical records indicated that the injured worker is undergoing treatment for essential benign hypertension and erectile dysfunction. According to the treating physician's progress report on 04-21-2015, the injured worker continues to feel good. Blood pressure controlled with medication with systolic ranging 120-130 and diastolic 80. Objective findings were negative with normal heart sounds and lungs clear. Echocardiogram official report performed on 07-15-2014 stated "left ventricular chamber dimensions are normal with normal systolic function and wall motion pattern, Left atrium is upper limits of normal; right atrium, right ventricle and aorta are normal; aortic valve, mitral valve and tricuspid are normal; no pericardial effusion, and doppler reveals trace mitral regurgitation and trace tricuspid regurgitation". Electrocardiogram (EKG) performed on the same date noted sinus rhythm with a rate of 66 beats per minute, and was interpreted as a normal Electrocardiogram (EKG). Current medications were listed as Ramipril and Viagra. Treatment plan consists of continuing medications, diet and exercise; and the current request on 06-22-2015 by the provider for Hemoglobin A1C, Serum Ferritin, Vitamin D; 25 Hydroxy, Apolipoprotein A, Apolipoprotein B, basic metabolic profile, hepatic function panel, serum uric acid, Gamma-glutamyltransferase (GGT), Complete Blood Count (CBC), Lipid Panel, T3 free, free thyroxine, Thyroid stimulating hormone, venipuncture, urine creatinine, urine microalbumin, M-mode and 2D echocardiogram with Electrocardiogram (EKG), Electrocardiogram (EKG) and Rhythm Electrocardiogram (EKG). On 06-30-2015 the Utilization Review determined the request for Hemoglobin A1C,

Serum Ferritin, Vitamin D; 25 Hydroxy, Apolipoprotein A, Apolipoprotein B, basic metabolic profile, hepatic function panel, serum uric acid, Gamma- glutamyltransferase (GGT), Complete Blood Count (CBC), Lipid Panel, T3 free, free thyroxine, Thyroid stimulating hormone, venipuncture, urine creatinine, urine microalbumin, M-mode and 2D echocardiogram with Electrocardiogram (EKG), Electrocardiogram (EKG) and Rhythm Electrocardiogram (EKG) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemoglobin A1C: 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 Official Disability Guidelines (ODG) Diabetes, Glucose monitoring.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Hemoglobin A1C test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: "Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes, as well as for those with type 2 diabetes who use insulin therapy." Hemoglobin A1C testing is a method of glucose monitoring to assess long-term glycemic control. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicate he has been diagnosed with diabetes mellitus or that the patient's prior Hemoglobin A1C tests have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not-medically necessary.

Serum Ferritin QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of serum ferritin testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute or chronic microcytic anemia. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally

unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The patient has a history of stable hypertension. The medical records also indicate that he has not suffered from recent gastrointestinal bleeding or other blood dyscrasias, which would result in an iron deficit anemia. Therefore, based on the submitted medical documentation, the request for serum ferritin testing is not-medically necessary.

Vitamin D; 25 hydroxy QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Vitamin D, 25-Hydroxy testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute microcytic anemia indicative of worsening chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complaints at the time of physical exam. The medical records indicate that he has no new signs or symptoms indicative of microcytic anemia. The patient does not have a history of severe chronic kidney disease with the need for erythropoietin injections. The medical records also indicate that he has not suffered from skin conditions or excessive tiredness, which would indicate a vitamin D deficiency. Therefore, based on the submitted medical documentation, the request for Vitamin D, 25-Hydroxy testing is not-medically necessary.

Apolipoprotein A QTY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Apolipoprotein A testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of a familial lipid disorder. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that his hypertension is controlled without complaint of new signs or symptoms indicative of unstable cardiovascular disease. The patient has also never been documented to have refractory hyperlipidemia unresponsive to medical management, familial hyperlipidemia, or familial hyperlipoproteinemia. Therefore, based on

the submitted medical documentation, the request for Apolipoprotein A testing is not-medically necessary.

Apolipoprotein B QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Apolipoprotein B testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of a familial lipid disorder. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that his hypertension is controlled without complaint of new signs or symptoms indicative of unstable cardiovascular disease. The patient has also never been documented to have refractory hyperlipidemia unresponsive to medical management, familial hyperlipidemia, or familial hyperlipoproteinemia. Therefore, based on the submitted medical documentation, the request for Apolipoprotein B testing is not-medically necessary.

Urine Creatinine QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complaints at the time of physical exam. The medical records indicate that he has no new signs or symptoms indicative of chronic kidney disease. A urine creatinine level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for urine creatinine testing is not-medically necessary.

Urine Microalbumin QTY1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complaints at the time of physical exam. The medical records indicate that he has no new signs or symptoms indicative of chronic kidney disease. A urinary microalbumin level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for urine microalbumin testing is not-medically necessary.

M-Mode and 2D echocardiogram with EKG QTY 1: 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 Antman EM, Smith SC, Alpert JS, et al. ACC/AHA/ASE 2003 Guideline Update for the Clinical Application of Echocardiography. ACC/AHA Practice Guidelines. Dallas, TX: American Heart Association; 2003. Available at: http://www.americanheart.org/.; Gottdiener JS, Bednarz J, Devereix R, et al. American Society of Echocardiography recommendations for use of echocardiography in clinical trials. A report from the American Society of Echocardiography's Guidelines and Standards Committee and the Task Force on Echocardiography in Clinical Trials. American Society of Echocardiography Report. J Am Soc Echocardiography. 2004; 17(10):1086-1119.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Echocardiography is an ultrasound technique for diagnosing cardiovascular disorders. Evidence-based guidelines from the American College of Cardiology, American Heart Association, and American Society of Echocardiography outlined the accepted capabilities for Doppler echocardiography in the adult patient. Among indications related to anatomy-pathology, color Doppler was rated as most helpful for evaluating septal defects. Among functional indications, color Doppler was considered most useful for evaluating the site of right-to-left and left-to-right shunts (Antman et al, 2003). Color Doppler was also considered useful for evaluating severity of valve stenosis and valve regurgitation and evaluation of prosthetic valves. This patient had a normal echocardiogram in 2014 with no new complaints of unstable angina or valvular disease. In this

clinical situation, a repeat test is not warranted. Therefore, based on the submitted medical documentation, the M mode echocardiogram is not-medically necessary.

EKG: 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 Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that, "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient is young at 49 years of age. He has no documented cardiac risk factors, other than well-controlled chronic hypertension. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not-medically necessary.

Rhythm EKG QTY 1: 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 Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient is young at 49 years of age. He has no documented cardiac risk factors, other than well-controlled chronic hypertension. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not-medically necessary.

Venipuncture QTY 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of treatment of venipuncture for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has active hypertension and ED. Since a lipid panel is necessary to check the status of this patient's long term lipid profile, venipuncture is necessary to draw blood for the serum test. Therefore, based on the submitted medical documentation, the request for venipuncture is medically necessary.

Basic Metabolic Panel (BMP) QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of BMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of BMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has not been documented to have chronic medical diseases, which would affect their hepatic or renal function. The patient has been documented to have no pain and not evidence of a metabolic problem. Therefore, based on the submitted medical documentation, the request for BMP testing is not-medically necessary.

Hepatic Function Panel QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of LFT testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of hepatic insufficiency or biliary disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to have stable medical conditions without complains at the time of physical exam. The medical records also indicate that he has not suffered from ascites, RUQ pain, jaundice, or biliary obstruction; which would indicate abnormal liver function. Therefore, based on the submitted medical documentation, the request for hepatic function testing is not-medically necessary.

Serum uric acid QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of chronic kidney disease or active gout. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complaints at the time of physical exam. A diagnosis of active gout was not made at the time of exam. The medical records also indicate that he has no new signs or symptoms indicative of chronic kidney disease. A uric acid level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for uric acid testing is not-medically necessary.

Gamma glutamyltransferase (GGTP) QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, General Approach.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of chronic kidney disease or active gout. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complaints at the time of physical exam. A diagnosis of active gout was not made at the time of his exam. The medical records also indicate that he has no new signs or symptoms indicative of chronic kidney disease. A uric acid level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for uric acid testing is not-medically necessary.

CBC QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient does not have any clinical symptoms of anemia or concern for an acute blood loss condition. The patient was documented as felling "good" on his most recent clinical evaluation. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.

Lipid Panel QTY 1: Overturned

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

MAXIMUS guideline: Decision not based on MTUS. Decision based on Non-MTUS
Final Update Summary: Lipid Disorders in Adults (Cholesterol, Dyslipidemia): Screening.
U.S. Preventive Services Task Force. July 2015.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of lipid panel testing for this patient. The clinical records submitted do support the fact that this patient is at risk for cardiovascular disease. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of lipid panel testing. Per the United States Preventive Services Task Force, the current recommendation is that the "USPSTF strongly recommends screening men aged 35 and older for lipid disorders. The USPSTF recommends this service. There is high certainty that the net benefit is substantial." This patient is 49 years old with hypertension and erectile dysfunction. Patients with impaired blood pressure are at increased risk of accelerated atherosclerotic deposition to the coronary and peripheral vascular arteries. Yearly lipid screening is recommended in this patient population. Therefore, based on the submitted medical documentation, the request for lipid panel testing is medically necessary.

T3 free QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a free T3 test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid

screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for free T3 testing is not-medically necessary.

Free thyroxine QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a free thyroxine test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for free thyroxine testing is not-medically necessary.

Thyroid Stimulating Hormones (TSH) QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a TSH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for TSH testing is not-medically necessary.