

Case Number:	CM15-0161695		
Date Assigned:	08/27/2015	Date of Injury:	01/20/1998
Decision Date:	10/28/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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 72 year old male who sustained an industrial injury on 1-20-98. The mechanism of injury was unclear. He currently has a fair exercise tolerance. He is able to work all day, performs activities of daily living without shortness of breath. He has peripheral ankle edema and complains of fatigue. Blood pressure is normal with home monitoring, Feels well with no complaints. Medications were Vasotec, glyburide, Levoxyl, Pamelor, Viagra, Terazosin, Zinc sulfate. Diagnoses include hypertension; hyperlipidemia; dyspnea and respiratory abnormality; diabetes. Diagnostics included echocardiogram; laboratory evaluation (8-16-14). On 7-16-15 the treating provider requested T3 free; free thyroxine; thyroid stimulating hormone; venipuncture; GGTP; serum ferritin; vitamin D: 25 hydroxy; apolipoprotein A; apolipoprotein B; glycohemoglobin.

IMR ISSUES, DECISIONS AND RATIONALES

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

T3 Free QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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.

TSH QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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.

Venipuncture QTY 15: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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 diabetes mellitus type II. His physical symptoms and clinical signs of insulin intolerance are consistent with this diagnosis. Since a Hemoglobin A1C is necessary to check the status of this patient's long term glucose control, venipuncture is necessary to draw blood for the serum test. Therefore, based on the submitted medical documentation, the request for venipuncture swab is medically necessary.

GGTP QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of GGTP testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of hepatic insufficiency or hepatitis. 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 liver disease. The patient has a history of stable diabetes and hyperlipidemia. There is no history of liver disease. The medical records also indicate that he has not suffered from ascites, RUQ pain, jaundice or biliary obstruction, which would indicate an abnormal GGTP level. Therefore, based on the submitted medical documentation, the request for GGTP testing is not medically necessary.

Serum Ferritin QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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 medical records indicate that he has had a normal CBC panel in the past without new complaint or new signs/symptoms indicative of microcytic anemia. The patient has a history of stable diabetes and hypertension. The medical records also indicate that he has not suffered from recent gastrointestinal bleeding or other blood dysgrasias, 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 complains at the time of physical exam. The medical records indicate that has no new signs or symptoms indicative of microcytic anemia. The patient does not has a history of 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 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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 hyperlipidemia is controlled without complaint of new signs of 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

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 hyperlipidemia is controlled without complaint of new signs of 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.

Glycohemoglobin A1C QTY 1: Overturned

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

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 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. Improved glucose control has a direct effect on life span in diabetics. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. The medical documentation reflects that the patient's prior labs have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is medically necessary.