Case Number:	CM15-0180157		
Date Assigned:	09/29/2015	**Date of Injury:**	04/28/2014
Decision Date:	11/06/2015	**UR Denial Date:**	09/09/2015
Priority:	Standard	**Application**	09/14/2015

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 42-year-old male, with a reported date of injury of 04-28-2014. The diagnoses include high blood pressure and arrhythmia. Treatments and evaluation to date have included Atorvastatin (discontinued), Valsartan, and Bystolic. The diagnostic studies to date have included an EKG on 03-16-2015 with normal findings, lab test on 03-03-2015 that showed elevated triglycerides, LDL cholesterol, and CRP levels and a low HDL cholesterol level, and lab test on 06-11-2015 that showed a low HDL cholesterol level. The progress report dated 09-02-2015 indicates that the injured worker presented as a walk-in. His blood pressure was elevated. It was noted that the injured worker had recently had surgery on his left lower extremity for compartment syndrome related to vigorous activity. His diffuse muscle pains had gone away since he stopped taking Atorvastatin. The objective findings include a blood pressure of 148 over 85; a heart rate of 66 and regular; weight of 240; normal jugular venous pressure; normal sinus rhythm, systolic ejection murmur; a soft abdomen; and symmetrical pulses. It was noted that the injured worker's work status was "to be determined." The request for authorization was dated 09/02/2015. The treating physician requested a lipid profile, BNP (brain natriuretic peptide) test, CRP (C-reactive protein) test, and homocysteine. On 09-09-2015, Utilization Review (UR) non-certified the request for a lipid profile, BNP (brain natriuretic peptide) test, CRP (C-reactive protein) test, and homocysteine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipid Profile: Overturned

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 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 has a history of hyperlipidemia treated with atorvastatin. Atorvastain is an HMG-coA reductase inhibitor, which is associated with rhabdomyalgias. This patient ceased his lipid therapy due to muscle aches. Reassessment of the patient's lipid level 3 months after initiation of a new non-HMG coA reductase inhibitor is appropriate. Furthermore, yearly lipid screening is recommended in this patient population with repeat screening upon initiation and cessation of anti-lipid therapy. Therefore, based on the submitted medical documentation, the request for lipid panel testing is medically necessary.

BNP: 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 Int J Cardiol. 2014 Oct 20; 176 (3): 611-7. doi: 10.1016/j.ijcard. 2014.08.007. Epub 2014 Aug 9. Obesity and natriuretic peptides, BNP and NT-proBNP: mechanisms and diagnostic implications for heart failure. Madamanchi C1, Alhosaini H2, Sumida A1, Runge MS3.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. MTUS is silent on the matter of BNP testing. Brain natriuretic peptide (BNP) test is a blood test that measures levels of a protein made by the cardiac and vascular endothelium. BNP levels are elevated in the setting of ventricular hypertrophy secondary to right heart failure. This patient has a history of hypertension and hyperlipidemia. Congestive heart failure is not documented as a actively treated condition in the medical record. The medical documentation provided also does not contain a clinical indication or rationale for ordering a BNP level. Consequently, absent clinical documentation of clinical indication and/or rationale for testing a BNP level, the request is not indicated. Therefore, based on the submitted medical documentation, the request for a BNP level is not medically necessary.

CRP: Upheld

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): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CRP testing for this patient. A C-reactive Protein test is a non-specific inflammatory marker. 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 ideopathic inflammatory condition. The test is non-specific and non- diagnostic. Therefore, based on the submitted medical documentation, the request for CRP testing is not-medically necessary.

Homocysteine: Upheld

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): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, homocysteine is not medically necessary. Homocysteine is a blood test used to determine if a patient has vitamin B12 or folate deficiency. Homocysteine levels are elevated when B12 and folate tests are abnormal. In this case, the injured worker's working diagnosis is the post-operative recovery from lower extremity surgery. The medical documentation provided does not contain a clinical indication or rationale for ordering a homocysteine level. Consequently, absent clinical documentation of clinical indication and/or rationale for testing a homocysteine level, the request is not indicated. Therefore, based on the submitted medical documentation, the request for a homocysteine test is not medically necessary.