

Case Number:	CM15-0180822		
Date Assigned:	10/01/2015	Date of Injury:	12/31/2010
Decision Date:	12/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	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 72 year old male, who sustained an industrial injury on 12-31-2010. The injured worker is undergoing treatment for: gastroesophageal reflux disease, hypertension, abdominal pain and constipation. On 5-13-15, a supplemental medical legal report reviewed laboratory studies dated 4-13-15. The laboratory studies "consisting of CBC, comprehensive metabolic panel, urinalysis, H. pylori, IgG antibody serology testing were reviewed" with RBCs noted to be elevated at 5.3 x 10 per L, amylase elevated at 105 U per L. A urinalysis was noted as remarkable for absence of WBCs, absent epithelial cells and amorphous cells. On 7-23-15, a supplemental medical legal report reviewed CT scan of the chest without contrast dated 10-21-14, with noted findings of "multiple pulmonary nodules, largest within the right lower lobe, have remained stable compared to previous CT scan". A urine toxicology screen dated 4-13-15 was reviewed and is reported as not detecting amphetamines, anti-convulsants, opiates, PCP, THC, benzodiazepine, opioids, antidepressants, analgesics, and barbiturates. The treatment and diagnostic testing to date has included: lab work including: CBC, CMP, urinalysis, H.pylori IgG antibody serology testing (4-13-15), CT scan of the chest (10-21-14), and urine toxicology screen (4-13-15). Medications have included: not noted within the medical records. Current work status: not documented in the medical records. The request for authorization is for: labs, EKG, 2- D echo, chest x-ray, HTN profile, urine, CMPR, CBC, TSH, T3, T4, lipid, CMP, CBC. The UR dated 8-24-2015: non-certified the request for labs, EKG, 2-D echo, chest x-ray, HTN profile, urine, CMPR, CBC, TSH, T3, T4, lipid, CMP, CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 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 72 years of age. He has no documented evidence of unstable angina on exertion or at rest. A recent CT of the chest failed to demonstrate any anatomic defects other than stable pulmonary nodules. 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.

2D echo: 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 2013 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 request for 2D echocardiogram is not-medically necessary.

Chest x-ray: 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) Pulmonary (Acute & Chronic), Chest X-ray.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a chest x-ray for this patient. The clinical records submitted do not support the fact that this patient has been documented to have signs or symptoms of chronic lung disease requiring radiographic imaging. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CXR testing. Per the Occupational Disability Guidelines (ODG), a chest x-ray is Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. This patient has been documented to be in good health on physical exam. The medical records indicate that they had a recent chest CT which revealed stable pulmonary nodules. Physical signs of cardiopulmonary disease are not documented and routine chest x-ray is not recommended. Therefore, based on the submitted medical documentation, the request for chest x-ray is not-medically necessary.

HTN profile: 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 this request 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 ideopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities, metabolic abnormality or abnormal liver function, which would indicate the necessity for a hypertension profile panel. Therefore, based on the submitted medical documentation, the request for HTN profile is not-medically necessary.

Urine microalbumin: 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. That her renal disease is not progressive. This patient has been documented to be in good health without complaints at the time of physical exam. The medical records indicate that 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.

CMPR: 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 CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP 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's CMP from earlier this year was normal. There is not clear indication why a repeat test is necessary. Therefore, based on the submitted medical documentation, the request for CMPR testing is not-medically necessary.

CBC with differential: 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 had a normal CBC earlier this year. A repeat CBC is not indicated. Therefore, based on the submitted medical documentation, the request for CBC with differential testing is not-medically necessary.

TSH: 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.

T3, T4 lipid: 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. Although lipid testing may be indicated, routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for free T3, T4 and lipid testing is not-medically necessary.

CMP: 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 CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP 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's CMP from earlier this year was normal. There is not clear indication why a repeat test is necessary. Therefore, based on the submitted medical documentation, the request for CMP testing is not-medically necessary.

CBC: 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 had a normal CBC earlier this year. A repeat CBC is not indicated. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.