

<b>Case Number:</b>	CM15-0180989		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, low back, shoulder, and knee pain with derivative complaints of psychological stress reportedly associated with an industrial injury of July 15, 2011. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for a urine dipstick, venipuncture, and a serum glucose test/finger stick. The claims administrator referenced a July 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a Doctor's First Report dated July 2, 2015, the applicant apparently presented alleging issues with purported asbestos exposure with attendant symptoms of shortness of breath, congestion, knee pain, shoulder pain, back pain, and psychological stress. The attending provider ordered an EKG, urine dipstick, CBC testing, glucose testing, and thyroid function testing through an order form, which employed pre-printed checkboxes. It was not clearly stated precisely what was sought and/or why said studies were being ordered. The attending provider also stated that he was ordering pulmonary function testing, unspecified imaging studies, and unspecified laboratory testing. Overall commentary was sparse. The attending provider also stated that he was ordering a pulmonary treadmill testing, EKG testing, venipuncture, CT imaging of the chest, and a 4-view chest x-ray in another section of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine dipstick:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for a urine dipstick was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12- 1, page 311 does acknowledge that a urinalysis, CBC, and/or ESR can be employed in applicants in whom there are red flags present for cancer and/or infection present, here, however, the attending provider's July 2, 2015 DFR was thinly and sparsely developed and did not establish the presence of any suspected infectious process. There was no mention of the applicant's having issues with dysuria, polyuria, hematuria, etc., which would call into any question a possible urinary tract infection. Rather, the attending provider's progress note of that date strongly suggested that multiple diagnostic studies had been ordered for routine evaluation purposes, without any clear suspicion of urinary tract infection (UTI) or other infectious process. The fact that a cardiac treadmill, pulmonary treadmill, pulmonary function testing, methacholine challenge test, blood glucose testing, EKG, etc., were all concurrently ordered strongly suggested that such testing was being ordered for routine evaluation purposes, without any bona fide suspicion of an infectious process. Therefore, the request was not medically necessary.

**Venipuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The request for a venipuncture was likewise not medically necessary, medically appropriate, or indicated here. The request for venipuncture, in effect, represented a request for a blood draw fee or venipuncture fee, to be performed in conjunction with laboratory testing ordered on the July 2, 2015 Doctor's First Report (DFR). The attending provider stated that he was ordering multiple tests to include thyroid function testing, a serum glucose, a CBC, and ESR value, etc. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for disease processes such as hypothyroidism, diabetes, and/or arthritis is recommended in applicants who have an indicative or suggestive history, here, however, the attending provider's July 2, 2015 DFR made no mention of the applicant's having suspected diabetes, hypothyroidism, arthritis, etc. Asbestos exposure was listed as the sole operating diagnosis. It appeared that the diagnostic testing and associated venipuncture were being ordered for routine evaluation purposes, without any clear suspicion of disease processes such as diabetes, hypothyroidism, arthritis, etc. The applicant's history was not indicative or suggestive of the same. Therefore, the request for associated venipuncture was not medically necessary.

**Glucose Reagent strip:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for a glucose reagent strip-AKA glucose test-was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does that testing for disease processes such as diabetes is recommended in applicants who have a suggestive or indicative history, here, as with the preceding request, the attending provider's July 2, 2015 DFR made no mention of the applicant's carrying a diagnosis of suspected diabetes. It was not clearly stated why the applicant's glucose levels were being assessed. The fact that an EKG, glucose reagent strip, thyroid function testing, CBC testing, ESR testing, etc., were all concurrently ordered taken together, strongly suggested that such testing was being ordered for routine evaluation purposes, without any clear suspicion of diabetes. Therefore, the request for a glucose reagent strip was not medically necessary.