

<b>Case Number:</b>	CM15-0188526		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/22/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 63 year old male, who sustained an industrial injury on 10-22-2002. He has reported subsequent hip pain and was diagnosed with osteonecrosis of the right hip and osteoporosis. The injured worker was also diagnosed with multiple myeloma, chronic renal insufficiency, metabolic acidosis, severe and increasing proteinuria, diabetes mellitus type 2, osteoporosis, hypertension, hyperlipidemia, secondary hyperparathyroidism, osteonecrosis of the hip and hyperuricemia and gout. Treatment to date has included pain medication, anti-hypertensive, steroid, statin, benzodiazepine, vitamins and Sodium Bicarbonate and right hip arthroplasty. An endocrinology note on 08-11-2015 noted that the injured worker complained of bilateral pain in the lateral and medial aspect of the hands related to C7 cervical spine impinged nerve or radiculopathy and noted that he had lost half an inch in height. The injured worker was noted to be taking multiple medications including beta-blocker, benzodiazepine, opioid, vitamin D2, anti-inflammatory, cholesterol reducing, steroid, anti-nausea medication, Sodium Bicarbonate, vitamins and inhalers. Objective examination findings were unrevealing. Creatinine was documented as 3.86, fasting glucose was 113, PTH was increasing to 153 and microalbumin creatinine ratio was noted to be elevated at 1986 which was substantially changed from 167.8. The physician noted that he did not have any explanation for the deterioration of kidney disease and proteinuria, that the injured worker would be started on Prolia due to progressive deterioration of bone and declining bone mineral density and that the dose of Calcitriol was being increased. In a neurology progress note dated 08-12-2015, the injured worker was noted to have been status post radiation and surgical resection of metastatic renal cell carcinoma to the

left frontal lobe and to be seizure free since the last visit on 05-06-2015. Headaches were noted to be improved while taking Magnesium. The physician noted that the injured worker underwent a resection of a spot in his frontal lesion due to possible enlargement. Objective examination findings showed BMI of 31.8, blood pressure of 126 over 91. There were no abnormal objective examination findings of body systems documented. The plan was to continue Keppra and Magnesium Oxide and to follow up in 1 year. The injured worker was noted to be retired. A request for authorization of labs including CBC, CMP, IPH, PO4, Pro-creatinine and uric acid on date of service 08-26-2015 was submitted. As per the 09-22-2015 utilization review, the aforementioned requests were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lab: CBC DOS: 8/26/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestsonline.org](http://labtestsonline.org) last updated 01/28/2012 <http://labtestsonline.org/understanding/analytes/cbc/tab/test>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): 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 clearly indicate that this patient exhibits signs or symptoms of rheumatological and immunological inflammatory conditions (multiple myeloma and gout). Due to multiple myeloma, the patient is at risk for acute anemia secondary to high cellular turnover. Therefore, based on the submitted medical documentation, the request for CBC testing is medically necessary.

**Lab: CMP DOS: 8/26/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestsonline.org](http://labtestsonline.org) last updated 02/18/2012 <http://labtestsonline.org/understanding/analytes/cmp>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lab Testing.

**Decision rationale:** There is 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 been documented to have chronic medical diseases, which would affect their hepatic or renal function. Therefore, based on the submitted medical documentation, the request for CMP testing is medically necessary.

**Lab: IPH DOS: 8/26/15:** Overturned

**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.

**Decision rationale:** There is 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, gout and multiple myeloma with osteonecrosis. 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 declining health with generalized complaints at the time of physical exam. A diagnosis of active gout was not made at the time of exam. However, high cellular turnover from the patient's multiple myeloma and chronic renal disease warrants phosphorous assessment to ensure to no further worsening of renal function. A phosphorous level is absolutely necessary with demonstrably impaired renal function on BMP (Cr greater than 3) in the setting of osteonecrosis. Ionized phosphorous allows demonstration of available serum and bound phosphorous levels. Therefore, based on the submitted medical documentation, the request for ionized phosphorous testing is medically necessary.

**Lab: PO4 DOS: 8/26/15:** Overturned

**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.

**Decision rationale:** There is 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, gout and multiple myeloma with osteonecrosis. 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 declining health with generalized complaints at the time of physical exam. A diagnosis of active gout was not made at the time of exam. However, high cellular turnover from the patient's multiple myeloma and

chronic renal disease warrant phosphorous assessment to ensure to no further worsening of renal function. A phosphorous level is absolutely necessary with demonstrably impaired renal function on BMP (Cr greater than 3) in the setting of osteonecrosis. Therefore, based on the submitted medical documentation, the request for phosphorous testing is medically necessary.

**Lab: PRO/Creatine DOS: 8/26/15:** Overturned

**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.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do 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 instead state health at the time of physical exam. The medical records indicate that has new signs or symptoms indicative of chronic kidney disease. A urinary creatinine level is necessary to assess and establish the patient's baseline renal function in light of his multiple medical comorbidities. Therefore, based on the submitted medical documentation, the request for urine protein/creatinine testing is medically necessary.

**Lab: Uric acid DOS: 8/26/15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org last updated 01/04/2012<http://labtestsonline.org/understanding/analytes/uric-acid/lab/test>.

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

**Decision rationale:** There is 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 declining health with generalized complaints at the time of physical exam. A diagnosis of active gout was not made at the time of exam. However, high cellular turnover from the patient's multiple myeloma and chronic renal disease warrant uric acid assessment to ensure to further worsening of renal function. A uric acid level is absolutely necessary with demonstrably impaired renal function on BMP (Cr greater than 3). Therefore, based on the submitted medical documentation, the request for uric acid testing is medically necessary.