

<b>Case Number:</b>	CM15-0190114		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	03/13/1998
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 75 year old male, who sustained an industrial injury on 3-13-1998. A review of the medical records indicates that the injured worker is undergoing treatment for diaphragmatic hernia, left bundle branch block, and hypertensive heart disease. The Primary Treating Physician's report dated 7-28-2015, noted the injured worker with no gastrointestinal (GI) bleed-heartburn, with dizziness noted the previous day. The injured worker's blood pressure was noted to be controlled with medication. The injured worker was noted with a normal abdomen and clear lungs. The treatment plan was noted to include decrease Lisinopril and Hydrochlorothiazide due to decreased blood pressure and dizziness with prescriptions for Omeprazole, Atorvastatin, and Omega 3 fatty acids. The Physician noted the injured worker would need blood and urine tests prior to the next appointment to monitor renal function, and an EKG-Echo to monitor LV function for hypertension. A laboratory evaluation dated 10-7-2014, was noted to show low RBC and Platelets, and high Ferritin, triglycerides, and MCH. An Echocardiogram report dated 10-7-2014, was noted to show mild concentric left ventricular hypertrophy, thickened aorta valve and mitral valve, trace regurgitation from mitral and tricuspid valves, and diastolic dysfunction with patterns of abnormal relaxation. The request for authorization dated 9-4-2015, requested laboratory evaluations including Apolipoprotein B, HemoglobinA1C, urine creatinine, microalbumin, CBC, lipid panel, T3 free, free Thyroxine, TSH, Venipuncture, BMP, Hepatic function panel, uric acid, GGTP, serum ferritin, Vitamin D 25 Hydroxy, Apolipoprotein A, and m-mode and 2D echo with electrocardiogram. The Utilization Review (UR) dated 9-14-2015, denied the request for laboratory evaluations

including Apolipoprotein B, HemoglobinA1C, urine creatinine, microalbumin, CBC, lipid panel, T3 free, free Thyroxine, TSH, Venipuncture, BMP, Hepatic function panel, uric acid, GGTP, serum ferritin, Vitamin D 25 Hydroxy, Apolipoprotein A, and m-mode and 2D echo with electrocardiogram.

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

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

#### **Lab: Apolipoprotein B: 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**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 stable health without complains at the time of his last physical exam. The patient has never been documented to have familial hyperlipidemia. The medical records do not reflect that this patient has had a past history of prior abnormal apolipoprotein testing. Therefore, based on the submitted medical documentation, the request for Apolipoprotein B testing is not medically necessary.

#### **Glyco Hemoglobin A1C: 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) Diabetes, Glucose monitoring.

**Decision rationale:** There is not 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. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicate he has been diagnosed with diabetes mellitus or that the patient's

prior Hemoglobin A1C tests have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not medically necessary.

**Lab: Urine Creatinine:** 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.

**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. This patient has been documented to be in stable health without complaints at the time of his last physical exam. The medical records indicate that has no new signs or symptoms indicative of chronic kidney disease. A urinary creatinine level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for urine creatinine testing is not medically necessary.

**Lab: Microalbumin:** 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**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. This patient has been documented to be in stable health without complaint at the time of physical exam. The medical records indicate that he 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. Therefore, based on the submitted medical documentation, the request for urine microalbumin testing is not medically necessary.

**M-Mode and 2D Echo with Electrocardiogram:** 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. Color Doppler was also considered useful for evaluating severity of valve stenosis and valve regurgitation and evaluation of prosthetic valves. This patient last had a 2D M mode cardiac echo in 2014 which revealed concentric hypertrophy. The medical records do not indicate why a repeat echo is requested. There is no clear indication that the patient has had an acute change in his cardiac status which would necessitate reevaluation. Therefore, based on the submitted medical documentation, the request for M mode echocardiogram is not medically necessary.

**Lab: CBC:** 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): Prevention, General Approach to Initial Assessment and Documentation.

**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, acute blood loss anemia or idiopathic inflammatory condition. The patient's prior lab work has not indicated evidence of acute anemia. Routine screening blood work is not indicated without a direct cause of concern to initiate

workup. Therefore, based on the submitted medical documentation, the request for CBC testing is not medically necessary.

**Lab: Lipid Panel:** 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 Reference: 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 [REDACTED], the current recommendation is that the [REDACTED] strongly recommends screening men aged 35 and older for lipid disorders. The [REDACTED] recommends this service. There is high certainty that the net benefit is substantial. This patient is 75 year-old with hypertension and other stable medical comorbidities. The patient's last screening was in 2014. Yearly lipid screening is recommended in this patient population. Therefore, based on the submitted medical documentation, the request for lipid panel testing is medically necessary.

**Lab: T3 Free:** 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): 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. Therefore, based on the submitted medical documentation, the request for free T3 testing is not medically necessary.

**Lab: Free Thyroxine:** 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): Prevention, General Approach to Initial Assessment and Documentation.

**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.

**Lab: TSH:** 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): General Approach to Initial Assessment and Documentation, Prevention.

**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 stable 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.

**Lab: Venipuncture:** Overturned

**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): Prevention, General Approach to Initial Assessment and Documentation.

**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 hypertension. His physical symptoms and clinical signs of hypertension are consistent with this diagnosis. Since a lipid profile is necessary to check the status of this patient's lipids, venipuncture is necessary to draw blood for the serum test. Therefore, based on the submitted medical documentation, the request for venipuncture is medically necessary.

**Lab: BMP:** 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) Lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of BMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of BMP testing. Per 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. A review of the medical documentation provided demonstrates that this patient does not have any unactive medical conditions. The patient's metabolic disorders are limited to remote insomnia and hyperlipidemia. Thus, based on the submitted medical documentation, medical necessity for BMP testing has not been established.

**Lab: Hepatic Function Panel:** 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 LFT testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of hepatic insufficiency or biliary 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 have stable medical conditions without complains at the time of physical exam. The medical records also indicate that they has not suffered from ascites, RUQ pain, jaundice or biliary obstruction, which would indicate abnormal liver function. Therefore, based on the submitted medical documentation, the request for hepatic function testing is not medically necessary.

**Lab: Uric Acid:** 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**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 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 stable health without complaints at the time of physical exam. A diagnosis of active gout was not made at the time of exam. The medical records also indicate that the patient has no new signs or symptoms indicative of chronic kidney disease. A uric acid level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for uric acid testing is not medically necessary.

**Lab: GGTP:** 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**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 stable health without complaints 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 hypertension 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.

**Lab: Serum Ferritin:** 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): General Approach to Initial Assessment and Documentation, Prevention.

**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 stable health without complaints at the time of physical exam. The medical records indicate that he has had a normal blood panel in the past without new complaints or new signs/symptoms indicative of microcytic anemia. The patient has a history of stable hyperlipidemia 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.

**Lab: Vitamin D, 25 Hydroxy:** 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 Guidelines, Section(s): Initial Assessment, Physical Examination.

**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 complaints at the time of physical exam. The medical records indicate that he has no new signs or symptoms indicative of microcytic anemia. The patient does not have a history of severe 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.

**Lab: Apolipoprotein A:** 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 Guidelines, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**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 do not indicate that he has hyperlipidemia. 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.