

<b>Case Number:</b>	CM15-0191522		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency 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 injured worker is a 67 year old female, who sustained an industrial injury on 2-23-12. The documentation on 8-20-15 noted that the injured worker had abdominal pain; nausea; alternating diarrhea and constipation; hypertension; diabetes mellitus and sleeping difficulties due to pain and stress. The injured worker admits to suffering from musculoskeletal pain, numbness, tingling, weakness and memory impairment. The diagnoses have included elevated blood pressure; diabetes mellitus; abdominal pain; constipation and diarrhea and sleep disorder. Treatment to date has included simvastatin; glyburide; calcium supplement; iron supplement; ondra; tylenol ES and B12 vitamins. The IW has been receiving medical care from a primary doctor, [REDACTED]. The IW has not had an internal medicine consultation. This specialist documents he is awaiting records from previous provider. The original utilization review (9-18-15) non-certified the request for labs for hemoglobin A1C; labs for gastrointestinal profile (thyroid-stimulating hormone, AML, LIPS, CMPR, HPYA and complete blood count) and a urinalysis. The request for urine toxicology; electrocardiogram; 2D echocardiogram; abdominal ultrasound; cardio-respiratory testing and sudoscan was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: HGBA1C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<https://labtestsonline.org/understanding/analytes/a1c/tab/test/HBA1c>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/a1c-test/basics/definition/prc-20012585>.

**Decision rationale:** CA MTUS guidelines are silent on this topic. The above reference states, "The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well you're managing your diabetes. The A1C test goes by many other names, including glycated hemoglobin, glycosylated hemoglobin, hemoglobin A1C and HbA1c. The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin - a protein in red blood cells that carries oxygen - is coated with sugar (glycated). The higher your A1C level, the poorer your blood sugar control and the higher your risk of diabetes complications". While this patient has diabetes, the random glucose level tested in the office was 98, which is a normal result. The provider has requested previous records from the provider who has been ongoing monitoring and management of this IW's chronic conditions. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. As such, the request is not medically necessary.

**Lab: GI profile (TSH, AML, LIPS, CMPR, HPYA, CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<https://labtestsonline.org/understanding/analytes/cbc/tab/test>.

**Decision rationale:** The new consultant, an internal medicine provider, has requested these tests to screen for abdominal conditions given the IW ongoing reports of "abdominal pain, reflux, diarrhea and constipation." The documentation reports no medications to treat reflux, diarrhea or constipation. The review of symptoms states, "The patient denies acid reflux." The physical exam states, the abdomen is soft with positive bowel sounds. There was not rectal exam done. CA MTUS and official disability guidelines are silent on this topic. Complete blood count testing is used as a screening test to evaluate three types of cells in the body. These cells include cells of the immune defense system, oxygen carrying cells, and cells used in blood clotting. The IW does not have any symptoms or exam findings to suggest abnormalities in any of these systems. For example, there are no concerns for anemia, infection, fatigue, bleeding or other complaints that would suggest concern for abnormal complete blood test results. As such, the request is not medically necessary. The provider has requested previous records from the provider who has been ongoing monitoring of this IW's chronic conditions. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. As such, the request is not medically necessary.

**Lab: UA:** 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 <https://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the cited reference, urinalysis is a laboratory test used to evaluate for metabolic and kidney disorders. The IW does have a diagnosis of hypertension and diabetes that are known to have effects on the kidneys. The injured worker does not have a documented history of renal disease. There are no subjective or objective findings that create suspicion for kidney dysfunction. There are no complaints of urinary symptoms. It is unclear from the documentation why the provider is requesting this test. The provider has requested previous records from the provider who has been ongoing monitoring and management of this IW's chronic conditions. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. As such, the request is not medically necessary.

**Utox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The provider requesting this medication is new to this IW and has not been prescribing opiate. The provider does not discuss why a urine drug screen is being requested. The treating physician has not listed any other reasons to do the urine drug screen. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits. The treating physician has not discussed the presence of any actual random testing. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear

collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program, which is in accordance with the MTUS.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>.

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

**Decision rationale:** CAMTUS is silent. ODG discussed EKGs in the pre-operative setting. Guidelines "recommend pre-operative electrocardiograms for people undergoing high-risk surgery or those with medium risk surgery and other health risk factors. ODG further defines low risk procedures as those that are typically done in an ambulatory setting." The provider has requested previous records from the provider who has been ongoing monitoring and management of this IW's chronic conditions. The provider noted the IW's blood pressure was elevated at this exam (148 systolic) and therefore the provider was initiating a cardiac exam include EKG testing. The IW does not report cardiac hx, chest pain, or other heart related complaints. the IW had a hip fracture repair 5 months prior to this evaluation. There was likely an EKG and possibly other cardiac testing done during this hospitalization. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. As such, the request is not medically necessary.

**2D Echo:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/19357029>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Overview of echocardiography.

**Decision rationale:** CAMTUS is silent. The MTUS does not address the indications for echocardiography. The treating physician has not provided the specific indications. The provider noted the IW's blood pressure was elevated at this exam (148 systolic) and therefore the provider was initiating a cardiac exam include 2D Echo testing. The IW does not report cardiac hx, chest pain, or other heart related complaints. The IW had a hip fracture repair 5 months prior to this evaluation. There was likely an EKG and possibly other cardiac testing done during this hospitalization. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. The cited guideline lists indications such as evaluating patients with structural heart disease. The treating physician did not address the prior results of echocardiography and reasons why repeat testing was indicated. Given the lack of specific indications provided by the treating physician, the test is not medically necessary.

**Abdominal ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date: abdominal pain.

**Decision rationale:** The new consultant, an internal medicine provider, has requested these tests to screen for abdominal conditions given the IW ongoing reports of "abdominal pain, reflux, diarrhea and constipation." The documentation reports no medications to treat reflux, diarrhea or constipation. The review of symptoms states, "The patient denies acid reflux." The physical exam states, the abdomen is soft with positive bowel sounds. There was not rectal exam done. CA MTUS and official disability guidelines are silent on this topic. The above reference guideline supports the use of ultrasongraphy to evaluate abdominal pain when there are laboratory abnormalities or pain on examination. The documentation does not support either of these conditions. The provider has requested previous records from the provider who has been ongoing monitoring of this IW's chronic conditions. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. As such, the request is not medically necessary.

**Cardio-respiratory testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/pubmed/6568747>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date: cardiac testing.

**Decision rationale:** The provider noted the IW's blood pressure was elevated at this exam (148 systolic) and therefore the provider was initiating a cardiac exam include 2D Echo testing. The IW does not report cardiac hx, chest pain, or other heart related complaints. The IW had a hip fracture repair 5 months prior to this evaluation. There was likely an EKG and possibly other cardiac testing done during this hospitalization. The treating physician has not provided the specific indications. The request is for "cardio-respiratory testing." This is not a specific request. It is unknown what tests are being requested. The provider should wait to order tests until reviewing those results for tests already conducted on this IW. Given the lack of clarity for the testing, the request is not medically necessary.

**Sudoscan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.anthem.com/ca/medicapolicies/policies/mp\\_pw\\_c160708.htm](http://www.anthem.com/ca/medicapolicies/policies/mp_pw_c160708.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Etiology, clinical manifestations, and diagnosis of complex regional pain syndrome in adults. Diabetic autonomic neuropathy.

**Decision rationale:** The treating physician did not provide clinical information and patient-specific information to support this test. According the reports, this test is for "sudomotor function assessment". The MTUS does not address this kind of testing. Although the treating physician did not address the patient-specific indications for this test, it is possible that it was prescribed for assessment of CRPS. The Up To Date references above discuss the use of this kind of autonomic testing in the context of CRPS and diabetes. None of the clinical factors associated with CRPS and diabetes were described in this case and the treating physician did not discuss the indications for any test used for CRPS or diabetes. Any other possible indications for this test in this injured worker are speculative as well. The test is not medically necessary based on the available clinical information and the cited guidelines.