

Case Number:	CM15-0200921		
Date Assigned:	10/16/2015	Date of Injury:	06/29/2010
Decision Date:	12/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Pediatrics, Internal 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:

This is a 48 year old male with a date of injury of June 29, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for abdominal pain, acid reflux, hypertension, blurred vision, cephalgia, dyspnea on exertion, sexual dysfunction, urinary frequency, and sleep disorder. Medical records dated July 8, 2015 indicate that the injured worker noted improving hypertension with an average blood pressure at home of 138 over 80. A progress note dated September 2, 2015 documented similar reports to those noted on July 8, 2015, with complaints of feeling worse following a lumbar epidural steroid injection. Per the treating physician (September 2, 2015), the employee was on permanent partial disability. The physical exam dated July 8, 2015 reveals a blood pressure of 160 over 102 and 130 over 80 on the second reading, clear lung sounds, soft abdomen with normoactive bowel sounds, and no clubbing, cyanosis, or edema of the extremities. The progress note dated September 2, 2015 documented a physical examination that showed a blood pressure of 148 over 90, clear lung sounds, soft abdomen with normoactive bowel sounds, and no clubbing, cyanosis, or edema of the extremities. Treatment has included lumbar epidural steroid injection (July 25, 2015) and medications (Lisinopril and Prilosec). The original utilization review (September 16, 2015) non-certified a request for a body composition study, gastrointestinal profile, hypertension profile, prostate specific antigen, Vitamin D, and uric acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body composition study: 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/420154>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Determining body composition in adults.

Decision rationale: Per uptodate.com, body composition measurements may be useful for evaluating undernourished or overweight patients, and for identifying patients who do not have an increase in overall body fat but who have an increase in visceral fat. This latter circumstance is associated with a substantially increased risk of heart disease and diabetes. Careful measurement of waist circumference, height, weight, and calculation of body mass index (BMI) are the minimal measurements needed to begin evaluation of overweight patients. The documentation notes weight only. It is unclear what the body composition study would offer to the management of this patient. The request is not medically necessary and appropriate.

Gastrointestinal profile: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse - Guidelines for the diagnosis and management of gastroesophageal reflux disease.

Decision rationale: A presumptive diagnosis of GERD can be established in the setting of typical symptoms of heartburn and regurgitation. Empiric medical therapy with a proton pump inhibitor (PPI) is recommended in this setting. Weight loss is recommended for GERD patients who are overweight or have had recent weight gain. Head of bed elevation and avoidance of meals 2-3 hours before bedtime should be recommended for patients with nocturnal GERD. Routine elimination of food that can trigger reflux (including chocolate, caffeine, alcohol, acidic and/or spicy foods) is not recommended in the treatment of GERD. An 8-week course of PPIs is the therapy of choice for symptom relief and healing of erosive esophagitis. There are no major differences in efficacy between the different PPIs. Non-responders to PPI should be referred for evaluation which includes upper endoscopy with biopsies and evaluation for H. pylori. The documentation notes that the IW responded well to the medication and was asymptomatic. The request is not medically necessary and appropriate.

Hypertension profile: 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/11566942>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse - Medical management of adults with hypertension.

Decision rationale: According to the guideline, interventions and practices considered for hypertensive patients include a preliminary evaluation including a history, physical examination and laboratory tests (potassium, creatinine, glucose, hematocrit, calcium, sodium, urinalysis, lipid panel, electrocardiogram [EKG]). The documentation noted that in the lab tests requested for hypertension are urine microalbumin, comprehensive panel, CBC with diff, TSH, T3, T4, Lipid panel. There is no documentation of diabetes which is the indication for urine microalbumin. Additionally, screening for thyroid disorder is with a TSH only, T3 and T4 are not screening tests. The request is for testing that exceeds the guidelines. As such the request is not medically necessary and appropriate.

Prostate specific antigen: Overturned

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/11566942>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse - Lower urinary tract symptoms in men: assessment and management.

Decision rationale: According to the National Guideline Clearinghouse the guidelines apply to adult men (18 years or older) with a clinical working diagnosis of lower urinary tract symptoms (LUTS). Men who have a higher prevalence of LUTS or may be at higher risk, included older men and men who are of black origin. Initial assessment includes patient history and physical exam, international Prostate Symptom Score (IPSS) assessment, digital rectal examination (DRE), urinary frequency volume chart, urine dipstick test (blood, glucose, protein, leucocytes, nitrites), prostate specific antigen (PSA) testing and serum creatinine and estimated glomerular filtration rate. The lab assessment of a PSA is medically necessary and appropriate.

Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Vitamin D.

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

Decision rationale: Per ODG guidelines, it is recommend vitamin D consideration and supplementation if necessary for obesity management in diabetes. Adequate vitamin D levels are associated with less weight gain. Low concentrations of Vitamin D are most likely an effect of health disorders and not a cause of illness, concludes a systematic review. Although the observational studies showed an association between type 2 diabetes and low vitamin-D levels, supplementation with the vitamin had no effect on reducing HbA1c. There is no documentation of diabetes in the IW and no research outlining the importance of Vitamin D in obesity management of non-diabetics. The request is not medically necessary and appropriate.

Uric acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/003476.htm>.

Decision rationale: The measurement of uric acid levels is important in the evaluation of gout, kidney stones and kidney failure. The documentation does not indicate any concern regarding the possibility of gout and no documentation of kidney issues. The request is not medically necessary and appropriate.