

<b>Case Number:</b>	CM15-0201007		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, 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 39 year old male, who sustained an industrial injury on 3-3-2014. On 8-18-15, he complained of the development of dyspepsia and alternating diarrhea and constipation with improvement of symptoms upon discontinuation of Ibuprofen and Hydrocodone. He reported ongoing symptoms despite changing medications. He reported symptoms on that date as epigastric burning, reflux, lower abdominal complaints with some alternating diarrhea and constipation. Current medications included Naproxen, Gabapentin, and Omeprazole twice a day. The record documented a chest x-ray at age 15 revealed an enlarged heart; however, no cardiovascular problems were noted or reported. Blood pressure was documented at 149-93 and repeated an hour later 149-90. The physical examination documented no acute clinical findings. An electrocardiogram was obtained "because of the history of family diabetes and ventricular rate of 70 per minute, and history of chronic use of NSAIDs." The result was interpreted as sinus bradycardia, otherwise unremarkable. The treating diagnoses included multiple orthopedic injuries, gastrointestinal unsettledness secondary to medication and other factors not identified, and hypertension on several occasions in the last four months associated with weight gain. The plan of care included biochemistry profile including thyroid function and hemoglobin A1C, to make sure he is not diabetic, H. Pylori due to possibility of gastritis. The appeal requested authorization for electrocardiogram with date of service 8-18-15, and laboratory evaluations including CMP, CBC, ESR, TF, MG, urinalysis, HGBA1C, H. Pylori with date of service 8-18-15. The Utilization Review dated 10-2-15, denied the electrocardiogram and modified the laboratory evaluation to allow CMP, TF, H/Pylori only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Electrocardiogram (DOS: 8/18/15): 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/11533927>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/ecg-tutorial-basic-principles-of-ecg-analysis>.

**Decision rationale:** CaMTUS and ODG are silent on this topic. According to the above reference, "The ECG is the most important test for interpretation of the cardiac rhythm, conduction system abnormalities, and for the detection of myocardial ischemia. The ECG is also of great value in the evaluation of other types of cardiac abnormalities including valvular heart disease, cardiomyopathy, pericarditis, and hypertensive disease. Finally, the ECG can be used to monitor drug treatment (specifically antiarrhythmic therapy) and to detect metabolic disturbances." The IW does not have any cardiac symptoms reported. There are no complete physical examinations including a cardiac examination documented. The IW does not have any underlying diagnoses of cardiac diseases or risks factors associated with them. Without the support of the documentation, the request for an ECG is determined not medically necessary.

### **Retrospective CBC (DOS: 8/18/15): 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/9451188>.

**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:** 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. Without supporting documentation, the request is not justified. As such, the request is not medically necessary.

### **Retrospective ESR (DOS: 8/18/15): 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/esr/tab/test/>.

**Decision rationale:** CA MTUS and ODG are silent. According the referenced guideline, "the erythrocyte sedimentation rate (ESR or sed-rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases." The IW did not report any symptoms concerning for these conditions. There was no objective findings to support infection or cancers and there were not a differential diagnoses included in the records. Without clear indication, the request for an ESR test is determined not medically necessary.

**Retrospective MG (DOS: 8/18/15): 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/magnesium/tab/test/>.

**Decision rationale:** CA MTUS and ODG are silent on this issue. The above referenced guideline states, "A magnesium test is used to measure the level of magnesium in the blood (or sometimes urine). Abnormal levels of magnesium are most frequently seen in conditions or diseases that cause impaired or excessive excretion of magnesium by the kidneys or that cause impaired absorption in the intestines. Magnesium levels may be checked as part of an evaluation of the severity of kidney problems and/or of uncontrolled diabetes and may help in the diagnosis of gastrointestinal disorders." The IW does not have a diagnoses of diabetes or kidney disease. There was no objective findings to support either of these diagnoses. The IW recently had a completed metabolic profile tested which will identify any kidney disease as well as measure a random glucose level. The IW did report gastrointestinal symptoms, but there is little discussion or different diagnoses related to bowel movements. Without clear indication, the request for a magnesium level test is determined not medically necessary.

**Retrospective HBGA1C (DOS: 8/18/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes (updated 09/10/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guideline.gov/content.aspx?id=34166&search=a1c>.

**Decision rationale:** CA MTUS and ODG guidelines are silent on this topic. CA MTUS and ODG are silent on this topic. Glyco-hemoglobin A1C is a laboratory test use to measure the glycemic control in individuals with diabetes mellitus. The laboratory study may also be used for the diagnosis of diabetes. The IW does not have a history of diabetes, nor is he on glucose lowering medications. There are no subjective complaints that raise concern for elevated glucose levels in the records submitted. The IW was recently approved for a chemistry panel that includes a measures glucose level. Glyco-hemoglobin A1C may be indicated it the serum glucose is noted to be high. This result is not available in the records for review. The laboratory test is not medically necessary.

**Retrospective Urinalysis (DOS: 8/18/15): 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 d kidney disorders. The IW does not have any disorders that are known to have effects on the kidneys. Additionally, the IW does not have a documented history of renal disease. There is no subjective or objective findings that create suspicion for kidney dysfunction. It is unclear from the documentation why the provider is requesting this test. Without this documentation, the request for a urinalysis is not medically necessary.