

<b>Case Number:</b>	CM15-0025278		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old male, who sustained an industrial injury on April 20, 2000. The mechanism of injury is unknown. The diagnoses have included benign essential hypertension. Treatment to date has included diagnostic studies and medications. On November 18, 2014, the injured worker was noted to have no new complaints. His blood pressure at home was documented as 130/70 to 120-70 controlled with medications. Physical exam was unremarkable. On January 23, 2015 Utilization Review non-certified lab-Glyco Hemoglobin A1C, lab-Uric Acid, lab-GGTP, lab-Serum Ferritin, lab-Vit D; 25 Hydroxy, lab-Free Thyroxine, lab-TSH and lab-T3 Free, noting the CA MTUS/ACOEM, Official Disability Guidelines and non-MTUS Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of lab-Glyco Hemoglobin A1C, lab-Uric Acid, lab-GGTP, lab-Serum Ferritin, lab-Vit D; 25 Hydroxy, lab-Free Thyroxine, lab-TSH and lab-T3 Free.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab-Glyco Hemoglobin A1C:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force. Diabetes Mellitus in Adults (type 2) screening.

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of Glyco Hemoglobin A1C laboratory testing in the management of an injured worker and therefore other guidelines were consulted. Per the United States Preventive Services Task Force (USPSTF) in Adults with elevated blood pressure the USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. The injured worker has a diagnosis of elevated blood pressure and therefore screening for type 2 diabetes with Glyco Hemoglobin A1C is medically necessary.

**Lab-Uric Acid:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse. Guideline Title: Essential hypertension. Bibliographic Source(s): University of Michigan Health System. Essential hypertension. Ann Arbor (MI): University of Michigan Health System; 2014 May. 16 p. [18 references].

**Decision rationale:** The MTUS, ACOEM and ODG did not address the use of Uric acid laboratory testing in the management of the injured worker and therefore other guidelines were consulted. Per the NGC, Thiazide diuretics increase the frequency of sexual dysfunction in men and women and initially may cause interruptions in daily routine for micturition. Thiazides cause a short-term increase in low-density lipoprotein (LDL) cholesterol; however, long-term trials have shown minimal change and outcome studies show no clinical impact. Thiazides slightly increase risk for diabetes. While small changes in LDL and glycemic control are not contraindications, the clinical impact of these metabolic aberrations has yet to be elucidated. Thiazides can increase uric acid and precipitate attacks of gout. Hypokalemia is uncommon at usual (12.5 mg to 25 mg) doses but occurs relatively often at doses of 50 mg or more. A review of the injured workers medical records show that he was treated with a thiazide diuretic with a side effect of elevated uric acid resulting in the discontinuation of the thiazide diuretic. Thiazide diuretics have been known to increase uric acid levels therefore based on the injured workers clinical presentation and the guidelines the request for laboratory testing of uric acid levels is medically necessary.

**Lab-GGTP:** 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 National Guideline Clearinghouse. Guideline Title: Abnormal liver chemistry evaluation and interpretation. Bibliographic Source(s): Medical Services Commission. Abnormal liver chemistry - evaluation and interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug 1. 5 p. [14 references].

**Decision rationale:** The MTUS, ACOEM and ODG did not address the use of laboratory testing of GGTP in the injured worker therefore other guidelines were consulted. Per the NGC Abnormal liver tests may indicate an abnormality of the liver and provide clues as to the nature of the problem. However, in an asymptomatic patient, mild abnormalities may not be clinically significant. A systematic approach to evaluating the patient and ordering further tests will help to identify underlying disease. Further testing and referrals may not be necessary in many circumstances. There are two broad categories of liver enzyme abnormalities: hepatocellular and cholestatic. Usually the most marked abnormality points to the underlying category of disorder. Hepatocellular injury (e.g., hepatitis) The membranes of liver cells can become permeable when damaged, allowing for escape of intracellular enzymes into the bloodstream. The major intracellular enzymes are alanine aminotransferase (ALT) and aspartate aminotransferase (AST). Cholestasis (e.g., biliary obstruction or hepatic infiltration) Obstructed/damaged intra- or extra-hepatic bile ducts cause the induction of synthesis of alkaline phosphatase (ALP) and gamma-glutamyl transpeptidase (GGT). In acute biliary obstruction, elevation of these enzyme levels often lags obstruction by approximately 24 hours. An isolated minor elevation of GGT is a relatively common finding and does not necessarily indicate significant liver disease. A review of the injured workers medical records do not reveal any subjective or objective indications of liver disease or biliary tract obstruction and therefore the request for laboratory testing of GGTP is not medically necessary.

**Lab-Serum Ferritin:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse. Guideline Title: Guideline for the laboratory diagnosis of functional iron deficiency. Bibliographic Source(s): Thomas DW, Hinchliffe RF, Briggs C, Macdougall IC, Littlewood T, Cavill I, British Committee for Standards in Haematology. Guideline for the laboratory diagnosis of functional iron deficiency. Br J Haematol. 2013 Jun;161(5):639-48. [76 references] PubMed External Web Site Policy.

**Decision rationale:** The MTUS, ACOEM and ODG did not address the use of laboratory testing of serum ferritin in the injured worker and therefore other guidelines were consulted. Per the NGC, serum ferritin level is used to aid in the diagnosis of iron deficiency anemia. A review of the injured workers medical records do not reveal any subjective or objective findings of iron deficiency anemia and therefore the request for laboratory testing of serum ferritin is not medically necessary.

### **Vit D; 25 Hydroxy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers. Chronic Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force. Vitamin D Deficiency: Screening.

**Decision rationale:** The MTUS, ACOEM and ODG did not address the use of laboratory testing of vitamin D levels therefore other guidelines were consulted. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic adults. Based on this guideline the request for Vit D; 25 Hydroxy is not medically necessary.

### **Lab- Free Thyroxine: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force. (USPSTF).Thyroid Dysfunction: Screening.

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of laboratory testing of thyroid function in the management of the injured worker and therefore other guidelines were consulted. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for thyroid dysfunction in nonpregnant, asymptomatic adults. If clinicians offer screening for thyroid dysfunction to asymptomatic persons, they should first ensure that patients clearly understand the uncertainties surrounding any potential clinical benefit of screening as well as the possibility of harm this choice may engender. A review of the injured workers medical records that are available to me did not reveal any subjective or objective evidence of thyroid dysfunction and therefore the request for laboratory testing of free thyroxine is not medically necessary.

### **Lab- TSH: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force. (USPSTF).Thyroid Dysfunction: Screening.

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of laboratory testing of thyroid function in the management of the injured worker and therefore other guidelines were consulted. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for thyroid dysfunction in nonpregnant, asymptomatic adults. If clinicians offer screening for thyroid dysfunction to asymptomatic persons, they should first ensure that patients clearly understand the uncertainties surrounding any potential clinical benefit of screening as well as the possibility of harm this choice may engender. A review of the injured workers medical records that are available to me did not reveal any subjective or objective evidence of thyroid dysfunction and therefore the request for laboratory testing of thyroid Stimulating Hormone (TSH) is not medically necessary.

**Lab- T3 Free:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force. (USPSTF).Thyroid Dysfunction: Screening.

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of laboratory testing of thyroid function in the management of the injured worker and therefore other guidelines were consulted. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for thyroid dysfunction in nonpregnant, asymptomatic adults. If clinicians offer screening for thyroid dysfunction to asymptomatic persons, they should first ensure that patients clearly understand the uncertainties surrounding any potential clinical benefit of screening as well as the possibility of harm this choice may engender. A review of the injured workers medical records that are available to me did not reveal any subjective or objective evidence of thyroid dysfunction and therefore the request for laboratory testing of free triiodothyronine (T3) is not medically necessary.