

<b>Case Number:</b>	CM15-0026738		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/13/1994
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: 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:

The injured worker is a 73 year old male, who sustained an industrial injury on 12/13/94. He has reported right lower extremity injury. The diagnoses have included diabetes mellitus, peripheral artery disease, and venous insufficiency of right lower extremity. Treatment to date has included medications, diagnostics, conservative measures, and surgery. Surgery included abdominal aortic aneurism resection and peripheral artery surgery. Currently, the injured worker complains of weakness in the right lower extremity that has occurred slowly. The weight was 229 pounds, blood pressure was 130/70 and heart rate was 60. The lungs were clear. The pulses were reduced symmetrically but present. There was 2+ pitting pedal edema in the right lower extremity with no streaking. There was venous insufficiency right lower extremity. The plan was to elevate, discontinue Lozol and substitute furosemide 20mg daily and temporarily increase potassium to three times a day and schedule a venous flow study in 1 month. On 2/2/15 Utilization Review non-certified a request for Labs: Glucose, C - reactive protein and Homocysteine, noting the glucose were unnecessary since this was included in the comprehensive metabolic panel. The C - reactive protein is unnecessary as the result will not change therapy in this injured worker and regarding the Homocysteine lab, it is unnecessary as it has been shown that treatment of elevated Homocysteine has no effect on outcome in similar patients. There were other Guidelines cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: Glucose:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

**Decision rationale:** Pursuant to the Chronic Medical Treatment Guidelines, glucose is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnosis according to a January 14, 2015 progress note is the venous insufficiency of the right lower extremity. The injured worker had a comprehensive metabolic panel that includes a glucose level. There is no clinical indication or rationale for a blood glucose documented in the medical record. Consequently, absent clinical documentation with an indication and or rationale to repeat the blood glucose level, glucose is not medically necessary.

**Labs C-Reactive Protein:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, CRP is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnosis according to a January 14, 2015 progress note is the venous insufficiency of the right lower extremity. CRP (C-reactive protein) is a nonspecific test used to detect inflammation. The documentation does not contain a clinical indication or rationale for ordering a CRP. Consequently, absent clinical documentation with an indication or rationale for ordering a CRP, CRP is not medically necessary.

**Labs: Homocysteine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, homocysteine is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnosis according to a January 14, 2015 progress note is the venous insufficiency of the right lower extremity. Homocysteine is a blood test used to determine if a patient has vitamin B12 or folate deficiency. Homocysteine levels are elevated when B12 and folate tests are abnormal. The documentation does not contain a clinical indication or rationale for ordering a homocysteine level. Consequently, absent clinical documentation of clinical indication and/or rationale for homocysteine level, assisting is not medically necessary.