

Case Number:	CM15-0214018		
Date Assigned:	11/04/2015	Date of Injury:	01/13/2000
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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 70 year old male who sustained an industrial injury on 01-13-2000. A review of the medical records indicated that the injured worker is undergoing treatment for benign essential hypertension. The injured worker has a medical history of actinic keratosis of the face. According to the treating physician's progress report on 08-13-2015, the injured worker was seen for follow-up. The injured worker reported feeling well with no new complaints and blood pressure under control. Blood pressure was documented at 130 systolic and 70 diastolic. Heart rhythm was regular (no rate), lungs were clear and neck was negative. There were no documented recent palpitations noted. Laboratory blood work and 2D Doppler echocardiography official reports dated 04-25-2013 and 08-07-2014 were included in the medical review. Prior treatments have included diagnostic testing with Electrocardiogram (EKG), echocardiogram, Holter monitor and medications. Current medications were listed as Tekturna, Exforge and Bystolic. Treatment plan consists of Electrocardiogram (EKG), 2D echocardiogram, laboratory blood work to include complete blood count (CBC), basic metabolic panel, lipid panel and urine studies and the current request for serum Ferritin, GGTP, T3 Free, Free Thyroxine, TSH, Vitamin D-25 Hydroxy, Apolipoprotein A, Apolipoprotein B and Glyco Hemoglobin A1C. On 10-22-2015 the Utilization Review determined the request for laboratory blood work to include serum Ferritin, GGTP, T3 Free, Free Thyroxine, TSH, Vitamin D-25 Hydroxy, Apolipoprotein A, Apolipoprotein B, Glyco Hemoglobin A1C was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Ferritin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: Per ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided fails to show that the injured worker is taking NSAIDs chronically or carries the diagnosis of Anemia. The medical necessity for checking serum ferritin level has not been established. The request for Serum Ferritin is not medically necessary per guidelines.

GGTP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content.

Decision rationale: MTUS does not address this request. The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity, such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients on medication should have fasting lipid panel checked annually. Patients with any symptoms of liver toxicity should have liver enzymes and those with symptoms of muscle toxicity should have muscle enzymes checked. Documentation shows that the patient is being treated for Hypertension. At the time of the requested service under review, physician report indicates that Blood pressure is controlled on current medication regiment. Furthermore, there is no objective evidence that the injured worker is experiencing symptoms of liver disease to establish the medical necessity for GGTP. The request for GGTP is not medically necessary by guidelines.

T3 Free: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dynamed.com/www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. T3 Free level may be recommended in the treatment or diagnosis of Thyroid disorders. The injured worker is diagnosed with Hypertension. Physician reports fail to show symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease. The medical necessity for checking TSH has not been established. The request for T3 Free is not medically necessary per guidelines.

Free Thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dynamed.com/www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. Free Thyroxine level may be recommended in the treatment or diagnosis of Thyroid disorders. The injured worker is diagnosed with Hypertension. Physician reports fail to show symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease. The medical necessity for checking Free Thyroxine has not been established. The request for Free Thyroxine is not medically necessary per guidelines.

TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dynamed.com/www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. Thyroid Stimulating Hormone level may be recommended in the treatment or diagnosis of Thyroid disorders. The injured worker is diagnosed with Hypertension. Physician reports fail to show symptoms or objective clinical findings on physical examination to support the suspicion of other pathology consistent with Thyroid Disease. The medical necessity for checking TSH has not been established. The request for TSH is not medically necessary per guidelines.

Vitamin D; 25 Hydroxy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. Vitamin D deficiency is known to weaken bones, but the role vitamin D may play in developing high blood pressure and heart disease is stated to be less clear. Documentation shows that the injured worker is diagnosed with Hypertension. There is no evidence provided to show a diagnosis of Vitamin D deficiency or to support the medical necessity for checking Vitamin D level. The request for Vitamin D; 25 Hydroxy is not medically necessary.

Apolipoprotein A: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content.

Decision rationale: MTUS does not address this request. The American College of Physicians recommends screening high-risk adults, all men aged 35 or older, and women aged 45 or older for lipid disorders by checking either a fasting lipid profile or total cholesterol and HDL. Low-risk adults should be screened every 5 years. Additional lab and other studies may be considered in select patients at moderate cardiovascular risk with either abnormal lipid profiles or unclear need for drug therapy. Such testing may include imaging for atherosclerosis (coronary artery calcium score by CT or carotid intima-media thickness by ultrasound), checking high-sensitivity C-reactive protein, lipoprotein-(a) and lipoprotein phospholipase A2. Documentation reveals that the injured worker is diagnosed with Hypertension, which is well controlled. Physician reports fail to support that this injured worker is at risk level high enough to support the medical necessity for checking Apolipoprotein A level. The request for Apolipoprotein A is not medically necessary by guidelines.

Apolipoprotein B: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content.

Decision rationale: MTUS does not address this request. The American College of Physicians recommends screening high-risk adults, all men aged 35 or older, and women aged 45 or older for lipid disorders by checking either a fasting lipid profile or total cholesterol and HDL. Low-risk adults should be screened every 5 years. Additional lab and other studies may be considered in select patients at moderate cardiovascular risk with either abnormal lipid profiles or unclear need for drug therapy. Such testing may include imaging for atherosclerosis (coronary artery calcium score by CT or carotid intima-media thickness by ultrasound), checking high-sensitivity

C-reactive protein, lipoprotein-(a) and lipoprotein phospholipase A2. Documentation reveals that the injured worker is diagnosed with Hypertension, which is well controlled. Physician reports fail to support that this injured worker is at risk level high enough to support the medical necessity for checking Apolipoprotein B level. The request for Apolipoprotein B is not medically necessary by guidelines.

Glyco Hemoglobin A1C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.smartmedicine.acponline.org/content www.mayoclinic.org/.

Decision rationale: MTUS does not address this request. The A1C test is a blood test that reflects a patient's average blood sugar level for the past two to three months. This test is used to diagnose diabetes and to monitor diabetes control. The American College of Physicians recommends screening patients with hypertension for diabetes and hyperlipidemia regularly. Patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD should also be screened. Documentation provided shows that the injured worker has well controlled Hypertension. Physician report and previous lab results fail to show clinical evidence to support the suspicion or diagnosis of Diabetes. The request for Glyco Hemoglobin A1C is not medically necessary per guidelines.