

Case Number:	CM15-0042117		
Date Assigned:	04/10/2015	Date of Injury:	05/22/1997
Decision Date:	05/04/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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 70-year-old male who sustained an industrial injury on May 22, 1997. He has reported higher blood sugars and has been diagnosed with hypertensive cardiovascular disease, diabetes mellitus type 2, and irritable bowel syndrome associated with diverticulosis. Treatments included CPAP and medications. Currently the injured worker had higher than normal blood sugars. The treatment plan included an examination, echocardiogram, sprometry, medication, and laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spirometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/pulmonary/pulmonary-function-testing/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, spirometry 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 diagnoses are hypertensive cardiovascular disease, type II diabetes mellitus, irritable bowel syndrome with associated diverticulosis. The medical record contains 10 pages. There is a single progress note dated April 30, 2014. The request for authorization is dated February 2, 2015. There are no contemporaneous progress notes on or about the date of the request for authorization. Progress note dated April 30, 2014 indicates the injured worker has been under the care of the treating provider for industrially related problems of hypertensive cardiovascular disease, diabetes mellitus type II and irritable bowel syndrome with associated diverticulosis. The injured worker was on antihypertensive medication and oral hypoglycemic medications for diabetes. The injured worker uses CPAP sleep apnea. There were no complaints of shortness of breath, chest pain, PND, edema, cough or palpitations. Physical examination is unremarkable with clear lung fields in the normal sinus rhythm. There is no documentation in the medical record with an indication or clinical rationale for spirometry. As noted above, there are no contemporaneous progress notes on or about the date of request for authorization February 2, 2015. Consequently, absent clinical documentation with a clinical indication and rationale for spirometry, spirometry is not medically necessary.

Labs: Ultra Sensitive CRP, Homocysteine, Apolipoprotein A1, Apolipoprotein B, free T-3, FT-4, ferritin, Iron, TIBC, sed rate, assay of GGT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, ultrasensitive CRP, homocysteine, Apolipoprotein A1, Apolipoprotein B, free T3, free T4, Ferritin, iron, TIBC, sedimentation rate, and GGT are 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 diagnoses are hypertensive cardiovascular disease, type II diabetes mellitus, irritable bowel syndrome with associated diverticulosis. The medical record contains 10 pages. There is a single progress note

dated April 30, 2014. The request for authorization is dated February 2, 2015. There are no contemporaneous progress notes on or about the date of the request for authorization. Progress note dated April 30, 2014 indicates the injured worker has been under the care of the treating provider for industrially related problems of hypertensive cardiovascular disease, diabetes mellitus type II and irritable bowel syndrome with associated diverticulosis. The injured worker was on antihypertensive medication and oral hypoglycemic medications for diabetes. The injured worker uses CPAP for sleep apnea. There were no complaints of shortness of breath, chest pain, PND, edema, cough or palpitations. Physical examination is unremarkable with clear lung fields in the normal sinus rhythm. There is no documentation in the medical record with an indication or clinical rationale for ultrasensitive CRP, homocysteine, Apo-protein A1, Apoprotein B, free T3, free T4, Ferritin, iron, TIBC, sedimentation rate, and GGT documented in the medical record. Consequently, absent clinical documentation with a clinical indication for the laboratory tests (supra), Apolipoprotein A1, Apolipoprotein B, free T3, free T4, Ferritin, iron, TIBC, sedimentation rate, and GGT are not medically necessary.