

<b>Case Number:</b>	CM14-0125025		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old male with date of injury February 19, 2013 that suffered a stroke while working as a police officer following 26 years of service. The Agreed Medical Evaluation reports dated May 31, 2014 and July 22, 2014 describe a very lengthy and detailed history of hypertension, Type 2 diabetes, seizures, atrial fibrillation and cerebral infarction regarding the injured worker. As a result of the stroke, the patient has thalamic pain involving the left hand, headache as well as cervical and lumbar pain. Current medications include Aspirin, Lisinopril, Lantus, Amlodipine besylate, Niacin, Eliquis, Keppra, Metformin, Simvastatin, Metoprolol and Multaq. The physical examination findings reveal blood pressure 146/80, 5'10", 245 pounds, normal cervical and lumbar ranges of motion with no tenderness to palpation and there is muscle weakness of left grip strength. The current diagnoses are: 1. Status post ischemic stroke on February 19, 2013; 2. Secondarily generalized epileptic seizure on September 18, 2013 as a result of stroke; 3. Thalamic pain involving the left hand; 4. Muscle contraction headache; 5. Cervical and lumbar strain without evidence of radiculopathy; and 6. Homonymous hemianopsia to the left. The utilization review report dated July 16, 2014 denied 9 of the 20 lab tests that were requested. The patient was denied Total T3, T4, T3 uptake, T3 free, Free Thyroxine, TSH, GGTP, Serum Ferritin and Vit D; 25 Hydroxy with no specific rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total T3 (triiodothyronine): 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab T3. The California MTUS Guidelines and the Official Disability Guidelines do not address T3 lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The T3 test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. Therefore, the request is not medically necessary.

**T4 (thyroxine): 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>).

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab T4. The California MTUS Guidelines and the Official Disability Guidelines do not address T4 lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The T4 test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. Therefore, the request is not medically necessary.

**T3 (triiodothyronine) Uptake: 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>).

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab T3 uptake. The California MTUS Guidelines and the Official Disability Guidelines do not address T3 uptake lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The T3 uptake test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. Therefore, the request is not medically necessary.

### **T3 (triiodothyronine) Free: 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>).

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab T3 free. The California MTUS Guidelines and the Official Disability Guidelines do not address T3 free lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The T3 free test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. Therefore, the request is not medically necessary.

### **Free Thyroxine: 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab free thyroxine. The California MTUS Guidelines and the Official Disability Guidelines do not address free thyroxine lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The free thyroxine test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the

patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. Therefore, the request is not medically necessary.

**Thyroid-Stimulating Hormone (TSH): 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab TSH. The California MTUS Guidelines and the Official Disability Guidelines do not address TSH lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The TSH test is performed as part of an evaluation of thyroid function. The medical reports submitted for review do not indicate that the patient has a thyroid issue and there is no diagnosis of thyroid disease or suspicion of disease. Therefore, the request is not medically necessary.

**Gamma-Glutamyl Transpeptidase (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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood lab GGTP. The California MTUS Guidelines and the Official Disability Guidelines do not address GGTP lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The GGTP test is performed as part of an evaluation of the liver and bile duct as well as chronic alcohol abuse. The medical reports submitted for review do not indicate that the patient has a history of liver problems and there is no diagnosis or suspicion of liver disease. Therefore, the request is not medically necessary.

**Serum Ferritin: 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for blood Serum Ferritin. The California MTUS Guidelines and the Official Disability Guidelines do not address Serum Ferritin lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The Serum Ferritin test is performed to evaluate the amount of Ferritin in the blood, which correlates with red blood cell production. The medical reports submitted for review do not indicate that the patient has a history of decreased amounts of iron found in this patient and there is no diagnosis or suspicion of anemia. Therefore, the request is not medically necessary.

**Vitamin D; 25 Hydroxy:** 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 American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

**Decision rationale:** The patient is status post ischemic stroke and has been diagnosed and treated for hypertension, type 2 diabetes and homonymous hemianopsia to the left. The current request is for Vitamin D; 25 Hydroxy. The California MTUS Guidelines and the Official Disability Guidelines do not address Vitamin D; 25 Hydroxy lab tests. The American College of Rheumatology recommends hemoglobin, hematocrit and serum creatinine testing for patients with risk factors following NSAID usage. The Vitamin D; 25 Hydroxy test is performed to evaluate the amount of Vitamin D in the blood. The medical reports submitted for review do not indicate that the patient has a history of decreased amounts of Vitamin D and there is no diagnosis or suspicion of Vitamin D deficiency. Therefore, the request is not medically necessary.