

<b>Case Number:</b>	CM15-0119615		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/31/2002
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 60 year old female, who sustained an industrial injury on 5/31/02. The injured worker was diagnosed as having essential benign hypertension. Treatment to date has included medication such as Losartan, Hydrochlorothiazide, and Omeprazole. Currently, the injured worker complains of feeling dizzy. The treating physician requested authorization for testing of free T3, free thyroxine, hepatic function pane, uric acid, GGTP, serum ferritin, vitamin D 25 hydroxy, apolipoprotein A, apolipoprotein B, glycol hemoglobin A1C, urine creatnine, urine microalbumin, M-mode and 2D echo, and a rhythm electrocardiogram. The treating physician noted blood and urine tests were needed to monitor renal function for Losartan. An electrocardiogram and echocardiogram were needed to monitor left ventricular function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testing: T3 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. [REDACTED] ( [REDACTED] ) suggests office screening of women older than 50 yrs. may be indicated. TSH is the recommended test for screening. However there is a lack of information that supports any relationship of this test with the nature of industrial injury of this worker. In the submitted documents for review, the treating provider does not indicate that the injured worker has signs and symptoms of Thyroid Disease and is not on medications that require Thyroid function monitoring. The Requested Treatment: Testing: T3 Free is not medically necessary and appropriate.

**Testing: 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this; therefore, alternate guidelines including Up-to-date were reviewed. [REDACTED] ( [REDACTED] ) suggests office screening of women older than 50 yrs. may be indicated. TSH is the recommended test for screening. However there is a lack of information that supports any relationship of this test with the nature of industrial injury of this worker. In the submitted documents for review, the treating provider does not indicate that the injured worker has signs and symptoms of Thyroid Disease and is not on medications that require Thyroid function monitoring. The Requested Treatment: Testing: Free thyroxine is not medically necessary and appropriate.

**Testing: Hepatic function panel:** 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. Blood tests commonly obtained to evaluate the health of the liver include liver enzyme levels, tests of hepatic synthetic function, and the serum bilirubin level. Elevations of liver enzymes often reflect damage to the liver or biliary obstruction, whereas an abnormal serum albumin or prothrombin time may be seen in the setting of impaired hepatic synthetic function. The serum bilirubin in part measures the liver's ability to detoxify metabolites and transport organic anions into bile. In the submitted documents for review, the treating provider does not mention any risk factors or document any physical exam describing liver disease in this injured worker. Also there is a lack of information that supports any

relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Testing: Hepatic function panel is not medically necessary and appropriate.

**Testing: Uric acid:** 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. Uric acid is the end product of the metabolism of purine compounds. In general, health screening practices do not include testing for serum uric acid levels; nor does the laboratory evaluation of most medical conditions unrelated to symptomatic urate crystal deposition diseases routinely include serum urate measurement. This may be the case because despite increasing clinical, epidemiologic, and experimental evidence that hyperuricemia is a risk factor for important metabolic, renal, and CV diseases, a causal role for hyperuricemia in these disorders remains to be established. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Testing: Uric acid is not medically necessary and appropriate.

**Testing: 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. GGT is present in the serum of healthy individuals. The normal range is 0 to 30 IU/L (0 to 0.5 mkat/L). Most studies have found values to be comparable in men and women [53, 54], although some reports have noted higher values in men. Elevated serum activity is found in diseases of the liver, biliary tract, and pancreas, and reflects the same spectrum of hepatobiliary disease as alkaline phosphatase, 5'-nucleotidase, and leucine aminopeptidase. Serum GGT and alkaline phosphatase correlate reasonably well. There are conflicting data as to whether serum GGT has better sensitivity for hepatobiliary disease than alkaline phosphatase or leucine aminopeptidase. An isolated elevation in serum GGT or a GGT elevation out of proportion to that of other enzymes (such as the alkaline phosphatase and alanine aminotransferase) may be an indicator of alcohol abuse or alcoholic liver disease. Aside from its value in conferring liver specificity to an elevated serum alkaline phosphatase level and its possible use in identifying patients with alcohol abuse, serum GGT offers no advantage over aminotransferases and alkaline phosphatase. Lab report of this injured worker dated 12/10/2013

shows GGT mildly elevated at 38, (normal range- 5-32). In the submitted documents for review, the treating provider does not indicate that the injured worker has signs and symptoms of Liver Disease or history of Alcohol use. Also there is a lack of information that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Testing: GGTP is not medically necessary and appropriate.

**Testing: 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Ferritin is the cellular storage protein for iron. Ferritin is an acute phase reactant, and, along with transferrin and the transferrin receptor, is a member of the protein family that orchestrates cellular defense against oxidative stress and inflammation. Ferritin measured clinically in plasma is usually apoferritin, a non-iron containing molecule. The plasma level generally reflects overall iron storage, with 1 ng of ferritin per mL indicating approximately 10 mg of total iron stores. A serum ferritin less than 10 to 15 ng/mL is 99 percent specific for making a diagnosis of iron deficiency. An elevated serum ferritin in the absence of infection or inflammation suggests the presence of an iron overload state. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Testing: Serum ferritin is not medically necessary and appropriate.

**Testing: 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. The approach to testing and repletion is based upon an initial assessment of a patient's risk for having a low serum 25(OH) D level. For low risk adults, we suggest not routinely screening individuals for vitamin D deficiency. Rather than screen, we suggest intake of 600 to 800 int. units of vitamin D daily. For high risk adults in whom there is a clinical suspicion that the usual doses are inadequate (eg, elderly homebound or institutionalized individuals, those with limited sun exposure, obesity, dark skin, osteoporosis, mal-absorption), measurement of serum 25(OH) D concentrations is useful to ensure that supplementation is adequate. It appears the injured worker had these tests in the recent past. Based on the currently available medical information for review, there is no rationale provided by the treating provider,

that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Labs: Vitamin Dhydroxy is not medically necessary and appropriate.

**Testing: Apolipoprotein A:** 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. Most trials of lipid-lowering therapy for the prevention of cardiovascular disease (CVD) focused on lowering low density lipoprotein cholesterol levels. Although other dyslipidemias, such as an elevated level of lipoprotein(a), also may promote atherosclerosis, interventions directed toward altering these have only infrequently been evaluated in controlled clinical trials [1]. Elevated serum lipoprotein(a), also referred to as Lp(a), is a risk factor for CVD. There is a causal relationship between Lp(a) excess and risk for myocardial infarction. Serum lipoprotein(a) [Lp(a)] levels are primarily genetically determined. The decision to screen for lipid levels is based on the probability that a given patient's lipid results might lead to an overall risk of CV events that is high enough to justify therapy for primary prevention with statins and/or aspirin. When evaluating for screening, patients are considered to be at higher risk if they have more than one risk factor (hypertension, smoking, family history) or a single risk factor that is severe. Thus, a patient with several siblings with CHD in their 40s or who has a very heavy smoking history could be considered higher risk with only a single risk factor. These patients may benefit from earlier screening and treatment than the broader population. It appears the injured worker had these tests in the recent past. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Labs: Apolipoprotein A is not medically necessary and appropriate.

**Testing: Apolipoprotein B:** 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 UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. LDL particles contain cholesterol, triglycerides, phospholipids, and apolipoproteins B-100 and C-III. All LDL particles contain one copy of apolipoprotein B-100 (Apo B-100), whereas 10 to 20 percent of LDL particles contain apolipoprotein C-III (Apo C-III). Thus, there is a direct relationship between apolipoprotein B-

100 and LDL particle number. Elevated plasma concentrations of apo B-100-containing lipoproteins can induce the development of atherosclerosis even in the absence of other risk factors. The decision to screen for lipid levels is based on the probability that a given patient's lipid results might lead to an overall risk of CV events that is high enough to justify therapy for primary prevention with statins and/or aspirin. (See "Treatment of lipids (including hypercholesterolemia) in primary prevention", section on 'Deciding whom to treat'.) When evaluating for screening, patients are considered to be at higher risk if they have more than one risk factor (hypertension, smoking, family history) or a single risk factor that is severe. Thus, a patient with several siblings with CHD in their 40s or who has a very heavy smoking history could be considered higher risk with only a single risk factor. These patients may benefit from earlier screening and treatment than the broader population. It appears the injured worker had these tests in the recent past. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Labs: Apolipoprotein B is not medically necessary and appropriate.

**Testing: Glyco hemoglobin A1C:** 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 Official Disability Guidelines (ODG) Diabetes Chapter-- Glucose monitoring and Other Medical Treatment Guidelines UptodateLabtestsonline.org.

**Decision rationale:** CA MTUS does not address this, therefore, Official Disability Guidelines (ODG) alternate guidelines including Up-to-date were reviewed. The most common tests used to screen for type 2 diabetes are measurement of fasting plasma glucose (FPG), two-hour plasma glucose during an oral glucose tolerance test (2-h OGTT), and glycated hemoglobin (A1C). Per ODG A1C should be measured at least twice yearly in all patients with DM and at least 4 times yearly in patients not at target. The notes indicate injured worker's blood pressure is controlled, doing well. No comorbid conditions are mentioned. It appears the injured worker had these tests in the recent past, that were within normal range. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Labs: Glyco Hemoglobin A1C is not medically necessary and appropriate.

**Testing: Urine creatine:** 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 [www.nlm.nih.gov](http://www.nlm.nih.gov) (National Library of Medicine) [Labtestsonline.org](http://Labtestsonline.org).

**Decision rationale:** CA MTUS does not address this, therefore, Official Disability Guidelines (ODG) alternate guidelines were reviewed. Creatinine is a waste product creatine. it is a chemical made by body and test is done to see how well kidneys work. The notes indicate injured worker's blood pressure is controlled, doing well. No comorbid conditions are mentioned. It appears the injured worker had these tests in the recent past, that were within normal range. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Labs: Urine creatine is not medically necessary and appropriate.

**Testing: Urine microalbumin:** 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 [UptodateLabtestsonline.org](http://UptodateLabtestsonline.org).

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. The preferred screening strategy for moderately increased albuminuria is measurement of the urine albumin-to-creatinine ratio in an untimed urinary sample. A value of 30 to 300 mg/g of creatinine (or, using standard [SI] units, 3.4 to 34 mg/mmol of creatinine) suggests that albumin excretion is between 30 and 300 mg/day and, therefore, that moderately increased albuminuria is probably present. It is recommend that the urine albumin-to-creatinine ratio be measured yearly in patients with type 2 diabetes, although it is uncertain whether yearly testing should be continued in patients already treated with an ACE inhibitor or ARB. An elevated ratio should be confirmed with at least two additional tests performed over the subsequent three to six months, with confirmation of the diagnosis requiring at least two of three positive samples. The notes indicate injured worker's blood pressure is controlled, doing well. No comorbid conditions are mentioned. It appears the injured worker had these tests in the recent past, that were within normal range. Based on the currently available medical information for review, there is no clear rationale provided by the treating provider, that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Testing: Urine microalbumin is not medically necessary and appropriate.

**Testing: M-Mode and 2D echo:** 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 Uptodate.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Echocardiography is the major noninvasive diagnostic tool for real-time imaging of cardiac structure and function. Review of records indicate that the injured worker had prior echo that was reportedly normal. The injured worker complains of feeling dizzy, no further details of these symptoms are described. No clinical findings describing the rationale for repeat echo are provided by the treating provider. There is also lack of information that supports any relationship of this test with the nature of industrial injury of this worker. The Requested Treatment: Testing: M-Mode and 2D echo is not medically necessary and appropriate.

**Rhythm EKG:** 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 Uptodate.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Even though there continues to be new technologies developed for the diagnostic evaluation of patients with cardiovascular disease, the electrocardiogram (ECG) retains its central role. The ECG is the most important test for interpretation of the cardiac rhythm, conduction system abnormalities, and for the detection of myocardial ischemia. The ECG is also of great value in the evaluation of other types of cardiac abnormalities including valvular heart disease, cardiomyopathy, pericarditis, and hypertensive disease. Finally, the ECG can be used to monitor drug treatment (specifically antiarrhythmic therapy) and to detect metabolic disturbances. The injured worker complains of feeling dizzy, no further details of these symptoms are described. Medical records of this injured worker do not provide enough information why Rhythm EKG is requested, and there is no mention of relationship of this test with the industrial injury of this worker. Review of medical records indicates injured worker had normal EKG in the recent past. The Requested Treatment: Rhythm EKG is not medically necessary and appropriate.