

Case Number:	CM15-0119616		
Date Assigned:	07/09/2015	Date of Injury:	11/15/2010
Decision Date:	08/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	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 59 year old male, who sustained an industrial injury on November 15, 2010, incurring low back injuries employed as a firefighter. He was diagnosed with lumbago, lumbar disc protrusion and lumbar radiculopathy. Treatment included physical therapy, chiropractic sessions, pain medications, neuropathic medications, home exercise program, lumbar epidural steroid injection, and work restrictions. He had multiple Magnetic Resonance imaging testing and Electromyography studies. Currently, the injured worker complained of increased low back pain with numbness and tingling radiating into the lower extremities. His pain level was a 5 on a 1 to 10 pain scale. He was noted to have had an elevated blood pressure level on examination. The treatment plan that was requested for authorization included laboratory blood testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Lipid 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. The decision to screen should be based on overall cardiovascular (CV) risk independent of lipid levels. This is primarily influenced by age, sex, and other risk factors for CV disease including hypertension, smoking, and family history of premature coronary heart disease (CHD) (first-degree male relative with CHD before age 55; first-degree female relative with CHD before age 65). Patients with diabetes typically undergo lipid evaluation and are generally not considered in screening guidelines for primary prevention. 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. It appears the injured worker had these tests in the recent past, but no reports are available in the submitted medical records. 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: Lipid panel is not medically necessary and appropriate.

Labs: 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: Free thyroxine is not medically necessary and appropriate.

Labs: 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.

Labs: Thyroid stimulating hormone: 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: Labs: Thyroid stimulating hormone is not medically necessary and appropriate.

Labs: Basic metabolic 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.orgnlm.nih.gov.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Up-to-date were reviewed. Basic metabolic panel is a group of blood tests that provides information about body's metabolism. The test is done to evaluate kidney function, blood acid/base balance, blood sugar level. 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, but no reports are available in the submitted medical records. 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: Basic metabolic panel is not medically necessary and appropriate.

Labs: 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 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. It appears the injured worker had these tests in the recent past, but no reports are available for review in the submitted medical records. 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: Testing: Uric acid is not medically necessary and appropriate.

Labs: 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. It appears the injured worker had these tests in the recent past, but no reports are available for review in the submitted medical records. 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.

Labs: Vitamin D 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, but no reports are available in the submitted medical records. 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 D hydroxy is not medically necessary and appropriate.

Labs: 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, but no reports are available in the submitted medical records. 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.

Labs: 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, but no reports are available in the submitted medical records. 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.

Labs: 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, but no reports are available in the submitted medical records. 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.