

<b>Case Number:</b>	CM15-0119901		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/12/2015
<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 66 year old male who sustained an industrial cumulative injury on 04/27/2004. The injured worker was diagnosed with congestive heart failure, heart valve insufficiency, hypertension, dyspnea and diabetes mellitus. Treatment to date has included cardiology consultation and follow-up, echocardiogram, electrocardiograms (EKG), stress tests, duplex studies of the carotids, abdominal aorta, arterial and venous systems, enhanced external counterpulsation (EECP) treatments (35 hours), dietary changes and medications. According to the treating physician's progress report on May 19, 2015, the injured worker was evaluated for cardiovascular symptoms. Blood pressure was 134/80, pulse: 80 beats/minute regular rhythm/rate, respirations: 17 breaths/minute and body mass index at 23.75. Lung sounds were normal except for rhonchi over the right lower base and mid lobe. Extremities were negative for edema with peripheral pulses intact. The injured worker was alert and oriented. There was no documentation of chest pain or shortness of breath. Current medications are listed as Amlodipine, Aspirin, Hydrochlorothiazide, Lisinopril, Metformin and Potassium. Treatment plan consists of the authorized blood work for complete blood count (CBC) with differential, thyroid stimulating hormone, complete metabolic panel (CMP), prostate specific antigen, lipid panel and magnesium assay and the current request for other multiple laboratory blood testing (22 tests total).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: Lipoprotein A: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** 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 Hypercholesterolemia and 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 Lipoprotein A. The request for Lipoprotein A is not medically necessary by guidelines.

**Labs: Lipoprotein B: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** 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 Hypercholesterolemia and 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 Lipoprotein B. The request for Lipoprotein B is not medically necessary by guidelines.

**Labs: Gonadotropin; follicle stimulating hormone: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function, or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Gonadotropin; follicle stimulating hormone is not medically necessary.

**Labs: Insulin, total:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** The injured worker is diagnosed with Diabetes. Documentation fails to provide objective clinical evidence to justify to the medical necessity for checking Insulin level. The request for Labs: Insulin, total is not medically necessary.

**Labs: Parathormone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Hyperparathyroidism is an over excretion of parathyroid hormone (PTH), which can lead to hypercalcemia and/or musculoskeletal, renal, neuropsychiatric, or cardiovascular complications. Diagnostic blood tests used in the diagnosis of Hyperparathyroidism include Parathyroid hormone (PTH) measurement, total calcium, 1,25-dihydroxyvitamin D, 25-hydroxyvitamin D2 or D3, serum phosphorus, glucose, blood urea nitrogen (BUN), creatinine, alkaline phosphatase, and albumin levels and 24-hour urine specimen for calcium and creatinine excretion to rule out familial hypocalciuric hypercalcemia. The injured worker is diagnosed with Diabetes. Documentation provided for review fails to show objective clinical evidence to establish the medical necessity for checking Parathyroid Hormone level. The request for Labs: Parathormone is not medically necessary.

**Labs: Progesterone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function, or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Labs: Progesterone is not medically necessary.

**Labs: Prolactin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function, or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Labs: Prolactin is not medically necessary.

**Labs: Androstenedione:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function,

or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Labs: Androstenedione is not medically necessary.

**Labs: Cortisol, total:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Blood tests used to confirm diagnosis of hypercortisolism urine free and serum cortisol levels and low-dose dexamethasone suppression test (LDDST). Per guidelines, urinary 17-ketosteroids, insulin tolerance test, pituitary or adrenal imaging and dexamethasone suppression test are not recommended until diagnosis is established. The injured worker is diagnosed with Diabetes. Documentation fails to provide objective clinical evidence to justify to the medical necessity for checking Cortisol level. The request for Labs: Cortisol, total is not medically necessary per guidelines.

**Labs: DHEA-S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function, or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Diabetes and Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Labs: DHEA-S is not medically necessary.

**Labs: Estradiol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function, or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition may include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Labs: Estradiol is not medically necessary.

**Labs: Testosterone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Male hypogonadism is a clinical syndrome consisting of testosterone deficiency and the resulting signs and symptoms, including infertility, impaired sexual function, or reduced neuropsychological or physical well-being in men. Blood tests used to diagnose this condition include Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) levels, serum Prolactin level, Iron saturation and pituitary function tests such as Prolactin Level, to detect other pituitary hormone deficiencies. Documentation provided indicates that the injured worker is diagnosed with Erectile Dysfunction. Physician reports fail to show evidence of symptoms that would warrant additional testing to rule out Hypogonadism. The request for Labs: Testosterone is not medically necessary.

**Labs: Ferritin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Iron Deficiency anemia is diagnosed when iron deficiency is accompanied by anemia (low hemoglobin level). Blood tests that indicate Iron Deficiency anemia include low ferritin, low serum iron, elevated total iron binding capacity (TIBC) and low transferrin saturation. Symptoms include fatigue, dyspnea on exertion, dysphagia, pallor and generalized lack of energy and usually occur mostly with severe iron deficiency anemia. Documentation provided for review indicates that the injured worker complains of chest pain. There is no

objective clinical finding provided to establish the medical necessity for ordering Ferritin level. The request for Labs: Ferritin is not medically necessary.

**Labs: Folic acid; serum:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Diagnostic testing in patients with suspected Vitamin B12 deficiency includes Complete Blood Count and smear to look for macrocytosis , serum Cobalamin level, Methylmalonic acid and/or plasma total Homocysteine levels. In patients with clinical suspicion of vitamin B12 deficiency and indeterminate serum cobalamin level, additional testing may be performed including serum folic acid and iron levels, to determine other underlying cause. Fasting serum gastrin level and serum pepsinogen level may also be measured to help identify atrophic gastritis. Symptoms of Vitamin B12 deficiency can vary in severity depending on the degree and duration of deficiency. Typical symptoms include fatigue, glossitis, and neurologic deficits such as ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances. Documentation provided for review indicates that the injured worker complains of chest pain. There is no objective clinical finding provided to establish the medical necessity for ordering Folic acid level. The request for Labs: Folic acid; serum is not medically necessary.

**Labs: Vitamin B12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** Diagnostic testing in patients with suspected Vitamin B12 deficiency includes Complete Blood Count and smear to look for macrocytosis , serum Cobalamin level, Methylmalonic acid and/or plasma total Homocysteine levels. In patients with clinical suspicion of vitamin B12 deficiency and indeterminate serum cobalamin level, additional testing may be performed including serum folic acid and iron levels, to determine other underlying cause. Fasting serum gastrin level and serum pepsinogen level may also be measured to help identify atrophic gastritis. Symptoms of Vitamin B12 deficiency can vary in severity depending on the degree and duration of deficiency. Typical symptoms include fatigue, glossitis, and neurologic deficits such as ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances. Documentation provided for review indicates that the injured worker complains of

chest pain. There is no objective clinical finding provided to establish the medical necessity for ordering Vitamin B12 level. The request for Labs: Vitamin B12 is not medically necessary.