MAXIMUS Federal Services

Case Number:	CM15-0128871		
Date Assigned:	07/20/2015	Date of Injury:	06/20/2014
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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 54 year old female, who sustained an industrial injury on June 20, 2014. She reported a trip and fall injury. The injured worker was diagnosed as having cervical cervicothoracic sprain/strain, lumbar sprain/strain and pain in lower knee. Treatment to date has included diagnostic studies, surgery, cane, functional capacity evaluation, medications, cervical spine and lumbar spine treatment system, cervical spine epidural block, injection, acupuncture and physical therapy. On March 4, 2015, the injured worker complained of neck pain with radiation to her shoulders, arms, forearm and hands, low back pain with radiation to thighs and knees and right knee pain. The treatment plan included medication. On June 22, 2015, Utilization Review non-certified the request for CMP, CBC, H. pyloria urea breath test, Hemoglobin Alc, TSH, T-3 free, complete UA, tissue transglutaminase, follow-up visit with an internist and T-4 free, citing Official Disability Guidelines and alternate guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/22901564; Use of comprehensive metabolic panel point of care test to reduce length of stay in the emergency department: A randomized controlled trial.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS state use NSAIDS with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests).There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do indicate use of NSAID'S, but there is no mention when CMP was done last. Review of submitted medical records do not provide clear rationale to support the appropriateness for the test in this injured worker, the medical necessity of the requested item has not been established. The requested treatment: CMP is not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/9451188; The complete blood count: physiologic basis and clinical usage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS state use NSAIDS with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests).There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do indicate use of NSAID'S, but there is no mention when CBC was done last. Review of submitted medical records do not provide clear rationale to support the appropriateness for the test in this injured worker, the medical necessity of the requested item has not been established. The request for CBC is not medically necessary.

Helcobacter pylori urea breath test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15912972; Urea breath test for Helicobacter pylori detection: present status.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS does not address this, therefore, Official Disability Guidelines (ODG) and alternate guidelines including Uptodate were reviewed. Urea breath testing UBT is based upon the hydrolysis of urea by H. pylori to produce CO2 and ammonia. A labeled carbon isotope is given by mouth; H. pylori liberate tagged CO2 that can be detected in breath samples. The sensitivity and specificity of UBT are approximately 88 to 95 percent and 95 to 100 percent, respectively Given the high specificity, false-positive results are uncommon. The injured worker was diagnosed as having cervical cervicothoracic sprain/strain, lumbar sprain/strain and pain in lower knee. The injured worker has history of GERD, Gastritis and irritable bowel syndrome. Based on the currently available medical information for review, the request for the necessity of this test is not clear and 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: Helcobacter pylori urea breath test is not medically necessary and appropriate.

Hemoglobin A1c: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/19300091; HbA1c: How do we measure it and what does it mean?.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter--Glucose monitoring and Other Medical Treatment Guidelines Uptodate.

Decision rationale: CA MTUS does not address this, therefore, Official Disability Guidelines (ODG) and alternate guidelines including Uptodate 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 injured worker was diagnosed as having cervical cervicothoracic sprain / strain, lumbar sprain/strain and pain in lower knee. Based on the currently available medical information for review, the request for the necessity of this test is not clear and 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.

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15471172; Serum TSH variability in normal individuals: The influence of time of sample collection.

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. American College of Physicians (ACP) suggests office screening of women older than 50 yrs. may be indicated. TSH is the recommended test for screening. There is no mention when TSH was last tested. However 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: Labs: Thyroid stimulating hormone is not medically necessary and appropriate.

T-3 free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/8875743; Direct determination of free triodothyronine (T3) in undiluted serum by equilibrium dialysis/radioimmunoassay (RIA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Labtestsonline.org.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. American College of Physicians (ACP) 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: T-3 free is not medically necessary and appropriate.

Complete urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15791892; Urinalysis: A complete review.

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. Urinalysis plays a central role in conjunction with the history, physical examination, and serum chemistries, for evaluating acute and chronic kidney

also be used in some patients to monitor the course of kidney diseases. In this case of injured worker, there is no rationale provided for Urinalysis. Medical necessity of the requested treatment UA has not been established. The Requested Treatment: Urinalysis is not medically necessary and appropriate.

Tissue transglutaminase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/9212111; Identification of tissue transglutaminase as the auto-antigen of celiac disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS does not address this, therefore, Official Disability Guidelines (ODG) and alternate guidelines including Uptodate were reviewed. Tissue transglutaminase For most patients, the most valuable test is for immunoglobulin A (IgA) antibodies against tissue transglutaminase (tTG-IgA), which is highly sensitive, specific, and more cost-effective than other antibody tests, although false-positive and false-negative results may still occur with some frequency in populations with a low risk for celiac disease. Testing should be performed while on a gluten-containing diet, ideally at least 3 g gluten/day (equivalent to about one slice of bread daily) for at least six weeks, although the duration and amount of gluten required for diagnostic accuracy has not been fully clarified. Serologies may become negative within weeks of beginning a gluten-free diet, but may take up to a year. The injured worker was diagnosed as having cervical cervicothoracic sprain/strain, lumbar sprain/strain and pain in lower knee. The injured worker has history of GERD, Gastritis and irritable bowel syndrome. 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: Tissue transglutaminase is not medically necessary and appropriate

T-4 free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/11444163; Endocrinol Metab Clin North Am. 2001 Jun; 30(2):265-89.

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. American College of Physicians (ACP) suggests office screening of women older than 50 yrs. may be indicated. TSH is the recommended test for screening. The injured worker was diagnosed as having cervical cervicothoracic sprain/strain, lumbar sprain/strain and pain in lower knee. The injured worker has history of GERD, Gastritis and irritable bowel syndrome. Based on the currently available medical information for review, the request for the necessity of this test is not clear and 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: T-4 free is not medically necessary and appropriate.

Follow up with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The injured worker was diagnosed as having cervical cervicothoracic sprain/strain, lumbar sprain/strain and pain in lower knee. The injured worker has history of GERD, Gastritis and irritable bowel syndrome. Medical records are not clear about any change in injured worker's chronic symptoms. The notes submitted by treating provider do not give details for the need of this request. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.