

Case Number:	CM15-0148987		
Date Assigned:	08/13/2015	Date of Injury:	09/01/2000
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 71-year-old male, who sustained an industrial injury on September 1, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having essential benign hypertension, actinic keratosis and neoplasm of uncertain behavior. Treatment to date has included diagnostic studies, medications and dermatological treatment. A progress report dated May 12, 2015, indicated the injured worker was feeling well. The handwritten report was somewhat illegible. The treatment plan included medications. On August 7, 2015, the injured worker complained of sun damage located on the body throughout. He complained of rough spots and mild skin thinning. Physical examination revealed inflamed scaly papules distributed on the scalp, face, ear and superior thoracic spine. Dermatological treatment and counseling was provided. The treatment plan included a follow-up visit. On July 23, 2015, Utilization Review non-certified the request for T3 Free, Free thyroxine, TSH, GGTP, Serum Ferritin, Vitamin D; 25 Hydroxy, Apolipoprotein A, Apolipoprotein B and Glyco Hemoglobin A1 C, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: T3 Free: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Laboratory assessment of thyroid function.

Decision rationale: Thyroid function tests are used in a variety of clinical settings to screen for thyroid dysfunction, assess the adequacy of levothyroxine therapy in patients with hypothyroidism, and monitor the treatment of hyperthyroidism. Thyroid function is best assessed by measuring serum TSH, assuming steady state conditions and the absence of pituitary or hypothalamic disease. Free T3 levels are indicated if TSH is low to determine the degree of hyperthyroidism. In this case, there is no documentation to support the suspicion or diagnosis of thyroid disease. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: Free thyroxine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Laboratory assessment of thyroid function.

Decision rationale: Thyroid function tests are used in a variety of clinical settings to screen for thyroid dysfunction, assess the adequacy of levothyroxine therapy in patients with hypothyroidism, and monitor the treatment of hyperthyroidism. Thyroid function is best assessed by measuring serum TSH, assuming steady state conditions and the absence of pituitary or hypothalamic disease. Free thyroxine is indicated to determine the degree of hypothyroidism. In this case, there is no documentation to support the suspicion or diagnosis of thyroid disease. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Laboratory assessment of thyroid function.

Decision rationale: Thyroid function tests are used in a variety of clinical settings to screen for thyroid dysfunction, assess the adequacy of levothyroxine therapy in patients with hypothyroidism, and monitor the treatment of hyperthyroidism. Thyroid function is best assessed by measuring serum TSH, assuming steady state conditions and the absence of pituitary or hypothalamic disease. In this case there is no documentation to support the suspicion or diagnosis of thyroid disease. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: GGTP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Enzymatic measures of cholestasis (eg, alkaline phosphatase, 5'-nucleotidase, gamma-glutamyl transpeptidase).

Decision rationale: Gamma-glutamyl transpeptidase (GGTP) is present in the serum of healthy individuals. Elevated serum levels of GGTP are found in diseases of the liver, biliary tract, and pancreas, and reflect the same spectrum of hepatobiliary disease as alkaline phosphatase, 5'-nucleotidase, and leucine aminopeptidase. Serum GGT and alkaline phosphatase correlate reasonably well. In this case there is no documentation to support the suspicion or diagnosis of liver or biliary tract disease. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: Serum Ferritin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Causes and diagnosis of iron deficiency anemia in the adult.

Decision rationale: The serum or plasma ferritin concentration is an excellent indicator of iron stores in otherwise healthy adults and has replaced assessment of bone marrow iron stores as the gold standard for the diagnosis of iron deficiency in most patients. Serum ferritin is markedly elevated in states of iron overload, due to stimulation of hepatic ferritin synthesis and release by iron [49]. There is no clinical situation other than iron deficiency in which extremely low values of serum ferritin are seen. In this case, there is no documentation to support the suspicion or diagnosis of anemia or iron overload. Hematocrit was within normal range. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: Vitamin D; 25 Hydroxy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Vitamin D deficiency in adults: Definition, clinical manifestations, and treatment.

Decision rationale: Vitamin D sufficiency is estimated by measuring 25-hydroxyvitamin D (25[OH] D or calcidiol) concentrations. The optimal serum 25 (OH) D concentrations for skeletal health are controversial. Testing and repletion is based upon an initial assessment of a patient's risk for having a low serum 25(OH) D level. Routine screening for vitamin D deficiency in low risk adults is not recommended. Rather than screen, we suggest intake of 600 to 800 int. units of vitamin D daily. In this case, there is no documentation to support the

suspicion or diagnosis of Vitamin D deficiency. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: Apolipoprotein A: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Lipoprotein (a) and cardiovascular disease.

Decision rationale: Lipoprotein (a) is a modest, independent risk factor for atherosclerotic cardiovascular disease (CVD) events, especially myocardial infarction. There are no clinical trials that have adequately tested the hypothesis that reduction reduces the incidence of first or recurrent CVD events. Therefore, widespread screening for lipoprotein excess is not indicated. In this case, there is no documentation to support the suspicion or diagnosis of cardiac disease. Fasting lipid profile is normal. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: Apolipoprotein B: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Lipoprotein classification, metabolism, and role in atherosclerosis.

Decision rationale: Abnormal lipoprotein metabolism is a major predisposing factor to atherosclerosis. It is estimated that a dyslipidemia is present in over 70 percent of patients with premature coronary heart disease. Elevated plasma concentrations of apo B-100 containing lipoproteins (low density and very low-density lipoprotein [LDL and VLDL]) can induce the development of atherosclerosis even in the absence of other risk factors. It has been proposed that the initiating event in atherogenesis is the subendothelial retention of apo B-100-containing lipoproteins. In this case there is no documentation to support the suspicion or diagnosis of

cardiac disease. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.

Labs: Glyco Hemoglobin A1 C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Screening for type 2 diabetes mellitus.

Decision rationale: Glyco hemoglobin A1C is a screening test for diabetes. For adults with hypertension or hyperlipidemia, we suggest screening every three years for type 2 diabetes. Fasting plasma glucose (FPG) and/or a glycated hemoglobin (A1C) are the preferred screening tests. The diagnosis of diabetes is confirmed if two consecutive A1C levels are 6.5 percent, two consecutive FPG levels are >126 mg/dL (7.0 mmol/L), or if both the A1C and FPG are above their diagnostic thresholds. In this case the fasting blood glucose was minimally elevated at 128. Repeat fasting blood glucose is recommended. There is no documentation to support the suspicion or diagnosis of diabetes. Medical necessity has not been established. The request should not be authorized. This request is not medically necessary.