

<b>Case Number:</b>	CM15-0162697		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, California 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 30 year old male, who sustained an industrial injury on September 11, 2014. He was involved in a motor vehicle accident. His complaints included the left shoulder, cervical, headaches, left arm, left tinnitus, left knee, left hip and bilateral legs. The initial handwritten diagnoses was illegible. The injured worker was currently diagnosed as having myalgia and myositis unspecified, headache, long-term use of medications, other pain disorders related to psychological factors, postconcussion syndrome, insomnia due to medical condition classified elsewhere, chronic pain due to trauma, other chronic pain, neuralgic migraine, migraine with aura without headache and cervicgia. Treatment to date has included diagnostic studies, injection, psychological consultation, physical therapy, neurologic testing and medication. On July 8, 2015, the injured worker complained of neck pain with radiation to the hips, knees and ankles along with joint pain. The pain was rated as an 8 on a 1-10 pain scale both with and without medications. Relieving factors include heat, ice, massage and laying down. Treatment notes stated that he is in the midst of workup and an evaluation is pending. The treatment plan also included a follow-up visit. A request was made for polysomnogram, splint night study, MRI cervical spine, MRI thoracic spine, 48 degree ambulatory EEG, neuropsych testing, Comprehensive Metabolic Panel, Lipid Panel, CBC, ACTH plasma, C-reactive protein, CK total, Hemoglobin, Methylmalonic acid, Luteinizing hormone, Prolactin, Rheumatoid factor, RPR, Testosterone, TSH with Reflex T4, Cortisol, Sed Rate, Vitamin B12, Folic acid, Brain Natriuretic Peptide and UA dipstick.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Polysomnogram QTY 1: 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), criteria for Polysomnography.

**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, Polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005; 28 (4): 499-521.

**Decision rationale:** The MTUS does not provide direction for evaluating or treating sleep disorders. The American Academy of Sleep Medicine (AASM) has published practice parameters for Polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders, other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems. The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed. The Official Disability Guidelines recommend Polysomnography under some circumstances, including: Excessive daytime somnolence; Sleep-related breathing disorder or periodic limb movement disorder is suspected; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The treating physician has requested a sleep study because the IW is noted to have new onset snoring. There is no other discussion of sleep, daytime drowsiness or other symptoms which are supported by the guidelines. As such, the request for Polysomnography is not medically necessary.

### **Split Night Study QTY 1: 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).

**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, Polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005; 28 (4): 499-521. <http://www.sleepdoc.com/images/linkfiles/split.pdf>.

**Decision rationale:** A split-night study is an overnight Polysomnogram performed with a two-hour period of baseline sleep study recording, followed by a CPAP titration study if it is determined to be indicated by the presence of clinically significant sleep apnea. The MTUS does not provide direction for evaluating or treating sleep disorders. The American Academy of Sleep

Medicine (AASM) has published practice parameters for Polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders, other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems. The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed. The Official Disability Guidelines recommend Polysomnography under some circumstances, including: Excessive daytime somnolence; Sleep-related breathing disorder or periodic limb movement disorder is suspected; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The treating physician has requested a sleep study because the IW is noted to have new onset snoring. There is no other discussion of sleep, daytime drowsiness or other symptoms which are supported by the guidelines. As such, the request for Polysomnography is not medically necessary.

**UA dipstick QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/lh/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the cited reference, urinalysis is a laboratory test used to evaluate for metabolic and kidney disorders. The IW does not have any disorders that are known to have effects on the kidneys. Additionally, the IW does not have a documented history of renal disease. There is no subjective or objective findings that create suspicion for kidney dysfunction. The IW had a urinalysis on February 2015 with normal results. It is unclear from the documentation why the provider is requesting this test. Without this documentation, the request for a urinalysis is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: MRI.

**Decision rationale:** CA MTUS ACOEM guidelines recommends imaging studies for cases 'in which surgery is considered or red-flag diagnoses are being evaluated. With respect to cervical magnetic resonance imaging studies, other indications include neck, shoulder, posterior arm pain or paresthasias or postlaminectomy syndrome. ODG guidelines recommend an MRI for the following indications only.' Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma,

neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT 'normal'. Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The IW does not have any of these indications. The IW had a cervical spine MRI on 1/29/2015. An assessment dated 7/27/2015 request a repeat cervical spine MRI. There is no documentation of new or different symptoms to support a repeat study. There are no red flag conditions or changes in symptoms to support a repeat study. In the absence of appropriate indications or physical exam finding, the request for a repeat cervical MRI is not medically necessary.

**MRI thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back: MRIs (magnetic resonance imaging).

**Decision rationale:** CA MTUS ACOEM guidelines recommends imaging studies for cases 'in which surgery is considered or red-flag diagnoses are being evaluated. With respect to cervical and upper back magnetic resonance imaging studies, other indications include neck, shoulder, posterior arm pain or paresthesias or postlaminectomy syndrome. ODG guidelines recommend an MRI for the following indications only. Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT 'normal'. Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The IW does not have any of these indications. There are no subjective concerns of objective findings that suggest a thoracic spine injury. There is no documentation of previous thoracic spine imaging, there are no red flag conditions. Without the support of the documentation or guidelines, the request for a thoracic spine MRI is not medically necessary.

**48 Degree Ambulatory EEG:** 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), EEG (neuro feedback).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EEG (neuro feedback).

**Decision rationale:** CA MTUS is silent on this topic. According to the referenced ODG guidelines, Recommended as indicated below. EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations in brain wave activity such as frequency changes (non-specific) or

morphologic (seizures). EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored. Indications for EEG: If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The requesting provider has requested this study to evaluate to rule out post traumatic seizures. There is no discussion of subjective symptoms or objective findings to suggest seizures. There is no listed diagnosis from the same visit date to suggest seizure activity. Without the support of the documentation, the request for a 48 degree ambulatory EEG is determined not medically necessary.

### **Neuropsychic testing QTY 1: 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), Online, Neuropsychological testing.

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

**Decision rationale:** CA MTUS is silent on this topic. According to the above reference guidelines, recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. Guidelines also state, the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. On May 12, 2015 the IW had a very detailed psychological evaluation by a provider noted to practice neuropsychology, pain management, and clinical psychology. Results of this consultation demonstrated 'no known serious psychological factors. This provider requested cognitive ability testing. A subsequent neuropsychic testing was requested. It is unclear from the documentation if this was approved. However, a note dated 6/22/2015 states; He is scheduled to be seen by [REDACTED], PhD for a comprehensive neuropsychic testing on July 6, 2015 for a six hour evaluation. Furthermore, a note dated July 17, 2015 states the IW had upcoming psychological and neurological appointments. The provider note in which the RFA for neuropsychic testing listed is dated July 27, 2015. The provider states; he should have neuropsychological assessment for his cognitive, memory, and language deficits as well as counseling during this difficult time. There is no discussion in this note of this IW's aforementioned assessments for these same clinical findings. The records support the injured worker has previously had the type of requested testing. At the time of this request, there is no discussion in the record of the previously completed testing. As it seems the requesting provider is requested repeat testing, this is not indicated and therefore determined not medically necessary.

### **Comprehensive Metabolic Panel QTY 1: 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 <http://www.uptodate.com/contents/search?search=laboratory+test+screening>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. Submitted documentation states the IW had laboratory studies which included a chemistry panel completed in February 2015. The results of these tests were included and completed within normal limits according to lab reference ranges. Here is not a clear rationale or discussion of medical condition to support the request for repeat testing. The IW does not have underlying medication conditions that require ongoing laboratory monitoring. Without this information or clear indication, the request for a comprehensive metabolic panel is not medically necessary.

**Lipid Panel QTY 1:** 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 <http://www.guideline.gov/content.aspx?id=47783&search=lipid>.

**Decision rationale:** CA MTUS and ODG are silent on this issue. The above referenced guideline recommends that coronary risk status and a lipid profile should be obtained at least annually. A detailed algorithm included within this reference recommends calculating a patient's 10 year risk for coronary heart disease. Based on this calculation, the guidelines project goal lipid levels and suggest treatment regimens. The documentation included for review includes cholesterol levels tested in February 2015. Results were within the normal range of the testing laboratory. The IW is not taking medications to modulate lipid levels. Other risk factors for cardiac disease including weight and tobacco use are not discussed. With explanation or documentation to indicate the need for this test, the request for a lipid profile is not medically necessary.

**CBC QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/cbc/tab/test>.

**Decision rationale:** CA MTUS and official disability guidelines are silent on this topic. Complete blood count testing is used as a screening test to evaluate three types of cells in the body. These cells include cells of the immune defense system, oxygen carrying cells, and cells used in blood clotting. The IW does not have any symptoms or exam findings to suggest abnormalities in any of these systems. For example, there are no concerns for anemia, infection, fatigue, bleeding or other complaints that would suggest concern for abnormal complete blood test results. The IW had a CBC completed in February 2015 with normal results. Without supporting documentation, the request is not justified. As such, the request is not medically necessary.

**ACTH, plasma QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/acth/tab/test>.

**Decision rationale:** CA MTUS and official disability guidelines are silent on this topic. ACTH levels in the blood are measured to help detect, diagnose, and monitor conditions associated with excessive or deficient cortisol in the body. It is unclear from the documentation without supporting documentation, the request is not justified. As such, the request is not medically necessary. ACTH levels in the blood are measured to help detect, diagnose, and monitor conditions associated with excessive or deficient cortisol in the body. Symptoms associated with changes in cortisol levels include weight changes, skin changes, body hair changes, acne, changes to blood pressure and muscle weakness. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for ACTH testing is determined not medically necessary.

**C-reactive protein QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/crp/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent. C reactive protein (CRP) is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other cause of inflammation. The CRP test is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for CRP testing is determined not medically necessary.

**CK total QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/ck/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic CK (creatinine kinase) used to detect inflammation of muscles (myositis) or serious muscle damage. The above referenced guideline also states 'A person may have muscle injury with few or nonspecific symptoms, such as weakness, fever, and nausea, that may also be seen with a variety of other conditions. A health practitioner may use a CK test to help detect muscle damage in these cases, especially if someone is taking a drug such as a statin, using ethanol or cocaine, or has been exposed to a known toxin

that has been linked with potential muscle damage. In those who have experienced physical trauma, a CK test may sometimes be used to evaluate and monitor muscle damage.' The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for CK testing is determined not medically necessary.

### **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 <http://www.guideline.gov/content.aspx?id=34166&search=a1c>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. Glyco-hemoglobin A1C is a laboratory test use to measure the glycemic control in individuals with diabetes mellitus. The laboratory study may also be used for the diagnosis of diabetes. The IW does not have a history of diabetes, nor is he on glucose lowering medications. There are no subjective complaints that raise concern for elevated glucose levels in the records submitted. The IW was recently approved for a chemistry panel that includes a measures glucose level. Lyco-hemoglobin A1C may be indicated it the serum glucose is noted to be high. This result is not available in the records for review. The laboratory test is not medically necessary.

### **Methylmalonic acid QTY 1: 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 <https://labtestsonline.org/understanding/analytes/mma/tab/test/>.

**Decision rationale:** CA MTUS and ODG are silent. According to the above referenced guideline, the methylmalonic acid (MMA) test may be used to help diagnose an early or mild vitamin B12 deficiency. It may be ordered by itself or along with a homocysteine test as a follow-up to a vitamin B12 test result that is in the lower end of the normal range. There are currently no guidelines for screening asymptomatic adults for vitamin B12 deficiency, but confirmation with MMA and/or homocysteine may be necessary for those at high risk without symptoms, such as the elderly, or when certain medications have been taken for a long time. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for methylmalonic testing is determined not medically necessary.

### **Luteinizing hormone (LH) QTY 1: 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 <https://labtestsonline.org/understanding/analytes/lh/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, the test for luteinizing hormone (LH), a hormone associated with reproduction and the stimulation of the release of an egg from the ovary (ovulation) in women and testosterone production in men, has several uses. In both women and men, LH is often used in conjunction with other tests (FSH, testosterone, estradiol and progesterone): In the workup of infertility, to aid in the diagnosis of pituitary disorders that can affect LH production, and to help diagnose conditions associated with dysfunction of the ovaries or testicles. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for luteinizing hormone testing is determined not medically necessary.

#### **Prolactin QTY 1: 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 <https://labtestsonline.org/understanding/analytes/prolactin/tab/test/>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, Prolactin levels may be used for several reasons. Prolactin is a hormone produced by the pituitary gland and its primary role is to help initiate and maintain breast milk production in pregnant and nursing women. Prolactin testing may be used, along with other hormone tests, to help: determine the cause of breast milk production not associated with pregnancy or breast-feeding (galactorrhea), diagnose the cause of infertility and erectile dysfunction in men diagnose the cause of menstrual irregularities and/or infertility in women, detect and diagnose tumors that produce excess prolactin (prolactinomas), monitor their treatment, and detect recurrences , and evaluate anterior pituitary function or other pituitary disorder. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for prolactin testing is determined not medically necessary.

#### **Rheumatoid factor QTY 1: 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 <https://labtestsonline.org/understanding/analytes/rheumatoid/tab/test/>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, the rheumatoid factor (RF) test is primarily used to help diagnose rheumatoid arthritis (RA) and to help distinguish RA from other forms of arthritis or other conditions that cause similar symptoms. While diagnosis of RA relies heavily on the clinical picture, some of the signs and symptoms may not be present or follow a typical pattern, especially early in the disease. Furthermore, the signs and symptoms may not always be clearly identifiable since people with RA may also have other connective tissue disorders or conditions, such as

Raynaud phenomenon, scleroderma, auto-immune thyroid disorders, and systemic lupus erythematosus, and display symptoms of these disorders as well. The RF test is one tool among others that can be used to help make a diagnosis when RA is suspected. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for prolactin testing is determined not medically necessary.

**RPR:** 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 <https://labtestsonline.org/understanding/analytes/syphilis/tab/test/>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, Syphilis tests are used to screen for and/or diagnose infection with *Treponema pallidum*, the bacteria that cause syphilis. Several different types of tests are available. Antibody tests are most commonly used. RPR (Rapid Plasma Reagin) in addition to screening, this test is useful in monitoring treatment for syphilis. For this purpose, the level (titer) of antibody is measured. It may also be used to confirm the presence of an active infection when an initial test for treponemal antibodies is positive. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for RPR testing is determined not medically necessary.

**Testosterone QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** None of the reports address the specific medical necessity for this test for this injured worker. None of the reports discuss the medical necessity for the prior similar tests. The reports do not discuss the results of prior tests of the same kind. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

**TSH with Reflex T4 QTY 1:** 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 <http://www.guideline.gov/content.aspx?id=38907&search=thyroid>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. T3, T4, free T3, free Thyroxine, and TSH are test used in the diagnosis and management of patients with thyroid disease. The above cited reference states "routine thyroid function testing is not recommended in asymptomatic adults. However, testing may be indicating when non-specific signs and symptoms are present in patients at risk for thyroid disease. The guidelines then list several risk factors that include family history of thyroid disease, autoimmune disease, history of neck irradiation, women over age 50, and elderly patients. Other signs and symptoms include weight changes, hair loss, goitre, temperature intolerance and skin changes. Documentation does not support the IW had any of the aforementioned risk factors, existing conditions or physical complaints. Without this supporting documentation, the request for total TSH level is not medically necessary.

**Cortisol QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/cortisol/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, A Cortisol test may be used to help diagnose Cushing syndrome, a condition associated with excess Cortisol, or to help diagnose adrenal insufficiency or Addison disease, conditions associated with deficient Cortisol. Cortisol is a hormone that plays a role in the metabolism of proteins, lipids, and carbohydrates, among other functions. Normally, the level of Cortisol in the blood rises and falls in a "diurnal variation" pattern, peaking early in the morning, then declining throughout the day and reaching its lowest level about midnight. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for Cortisol testing is determined not medically necessary.

**Sed Rate QTY 1:** 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 <https://labtestsonline.org/understanding/analytes/esr/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, the erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. ESR is used to help diagnose certain specific inflammatory diseases, temporal arteritis, systemic vasculitis and polymyalgia rheumatica. A significantly elevated ESR is one of the main test results used to

support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus (SLE). The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for ESR testing is determined not medically necessary.

### **Vitamin B12 QTY 1: 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 <https://labtestsonline.org/understanding/analytes/vitamin-b12/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, Vitamin B12 and folate are separate tests often used in conjunction to detect deficiencies and to help diagnose the cause of certain anemias, such as pernicious anemia, an autoimmune disease that affects the absorption of B12. B12 and folate are two vitamins that cannot be produced in the body and must be supplied by the diet. They are required for normal red blood cell (RBC) formation, repair of tissues and cells, and synthesis of DNA, the genetic material in cells. B12 is essential for proper nerve function. B12 and folate tests may also be used to help evaluate an individual with an altered mental state or other behavioral changes, especially in the elderly. A B12 test may be ordered with folate, by itself, or with other screening laboratory tests such as a complete blood count (CBC), comprehensive metabolic panel (CMP), antinuclear antibody (ANA), C-reactive protein (CRP) and rheumatoid factor (RF) to help determine why a person shows signs and symptoms of a condition affecting nerves. Additionally, B12 and folate tests may be used in conjunction with an assortment of other tests to help evaluate the general health and nutritional status of a person with signs and symptoms of significant malnutrition or dietary mal-absorption. This may include people with, for example, alcoholism, liver disease, gastric cancer, or individuals with mal-absorption conditions such as celiac disease, inflammatory bowel disease, or cystic fibrosis. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for Vitamin B12 is determined not medically necessary.

### **Folic acid QTY 1: 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 <https://labtestsonline.org/understanding/analytes/vitamin-b12/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, Vitamin B12 and folate are separate tests often used in conjunction to detect deficiencies and to help diagnose the cause of certain anemias, such as pernicious anemia, an autoimmune disease that affects the absorption of B12. B12 and folate are two vitamins that cannot be produced in the body and must be supplied by the diet. They are required for normal

red blood cell (RBC) formation, repair of tissues and cells, and synthesis of DNA, the genetic material in cells. B12 is essential for proper nerve function. B12 and folate tests may also be used to help evaluate an individual with an altered mental state or other behavioral changes, especially in the elderly. A B12 test may be ordered with folate, by itself, or with other screening laboratory tests such as a complete blood count (CBC), comprehensive metabolic panel (CMP), antinuclear antibody (ANA), C-reactive protein (CRP) and rheumatoid factor (RF) to help determine why a person shows signs and symptoms of a condition affecting nerves. Additionally, B12 and folate tests may be used in conjunction with an assortment of other tests to help evaluate the general health and nutritional status of a person with signs and symptoms of significant malnutrition or dietary mal-absorption. This may include people with, for example, alcoholism, liver disease, gastric cancer, or individuals with mal-absorption conditions such as celiac disease, inflammatory bowel disease, or cystic fibrosis. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for folate testing is determined not medically necessary.

### **Brain Natriuretic Peptide acid QTY 1: 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 <https://labtestsonline.org/understanding/analytes/bnp/tab/test>.

**Decision rationale:** CA MTUS and ODG are silent on this topic. According to the above referenced guideline, A test for B-type natriuretic peptide (BNP) or N-terminal pro b-type natriuretic peptide (NT-proBNP) is primarily used to help detect, diagnose, and evaluate the severity of heart failure. It can be used, along with other cardiac biomarker tests, to detect heart stress and damage and/or along with lung function tests to distinguish between causes of shortness of breath. Guidelines further state this test is ordered for individuals with: difficulty breathing, shortness of breath, fatigue, swelling in the feet, ankles, legs, and abdomen. The documentation does not support any of these symptoms or exam findings. There is no discussion from the requesting provider to discuss differential diagnoses or clinical concerns that would be evaluated with this test. Without the support of the documentation the request for BNP testing is determined not medically necessary.