

Case Number:	CM15-0163226		
Date Assigned:	09/11/2015	Date of Injury:	04/05/2001
Decision Date:	11/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	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

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 49 year old male who sustained an industrial injury on 4-5-01. Progress report dated 6-17-15 reports continued complaints of paresthesia of the bilateral upper and lower extremities. His sleep is unchanged and gastroesophageal reflux disease and gastritis are well controlled by medications. Diabetes and hypertension are also controlled by medications. Diagnoses include: paresthesia of the bilateral upper and lower extremities, gastroesophageal reflux disease, gastritis, irritable bowel, hemorrhoids, diabetes mellitus, hypertension, hyperlipidemia and obstructive sleep apnea. Plan of care includes: labs ordered for diabetes and hypertension profiles, body mass index test performed during this visit. Work status: deferred to primary treating physician. Follow up with primary treating physician and return to this office in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body Mass Index: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database.

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. BMI is a useful measure of overweight and obesity. It is calculated from your height and weight. BMI is an estimate of body fat and a good gauge of your risk for diseases that can occur with more body fat. The higher your BMI, the higher your risk for certain diseases such as heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers. Although BMI can be used for most men and women, it does have some limits: It may overestimate body fat in athletes and others who have a muscular build. It may underestimate body fat in older persons and others who have lost muscle. In this injured worker with metabolic syndrome, BMI Calculation is medically necessary for risk stratification. The treating provider does not indicate that BMI Calculation is not part of the office exam, therefore the Requested Treatment: Body Mass Index is not medically necessary.

Lab-UMAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

Decision rationale: Official Disability Guidelines, ODG state; (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records show the injured worker's prior drug screen results did not indicate substance abuse, non-compliance, or aberrant behavior. This injured worker had recent drug screen on March 18th, 2015. The treating provider does not provide any documentation about the need for repeating Urine Toxicology. Guidelines are not met, therefore, the request is not medically necessary.

Lab-CMPT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate [labtestsonline.org nlm.nih.gov](http://labtestsonline.org.nlm.nih.gov).

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Complete metabolic panel is a group of blood tests that provides information about body's metabolism. The treating provider notes that in this injured

worker gastroesophageal reflux disease and gastritis are well controlled by medications. Diabetes and hypertension are also controlled by medications. It appears the injured worker had these tests in the recent past, but only remarkable 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 needed again. 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: Lab-CMPT is not medically necessary and appropriate.

Lab-CBD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per MTUS drug screen is recommended as an option to assess for the use or the presence of illegal drugs. Review of Medical Records show the injured worker's prior drug screen results did not indicate substance abuse, non-compliance, or aberrant behavior. This injured worker had recent drug screen on March 18th, 2015. The treating provider does not provide any clear documentation about the need for the Requested Treatment: Lab-CBD. The request is not medically necessary.

Lab-TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. In this injured worker with metabolic syndrome TSH measurement is indicated, but records are not clear if TSH was done on February 12th, 2015, as only remarkable lab values are provided in the medical records. Within the submitted documentation medical necessity has not been established, and also 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.

Lab-T3, T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

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. 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: Lab-T3, T4, is not medically necessary and appropriate.

Lab-Lipid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

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. 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. The treating provider notes that in this injured worker gastroesophageal reflux disease and gastritis are well controlled by medications. Diabetes and hypertension are also controlled by medications. It appears the injured worker had these tests in the recent past, but there is no rationale provided by the treating provider for repeating this test at this time. 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: Lab-Lipid is not medically necessary and appropriate.

Lab-CMP, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.aspx.

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

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. Complete metabolic panel is a group of blood tests that provides information about body's metabolism. A complete blood count (also called a "CBC") is

a test that gives information about the 3 main types of cells in the blood. In this case of injured worker with occasional bleeding per rectum, Hematocrit may be indicated. The treating provider does not provide clear rationale about the medical necessity of CBC. The treating provider notes that in this injured worker gastroesophageal reflux disease and gastritis are well controlled by medications. Diabetes and hypertension are also controlled by medications. It appears the injured worker had these tests in the recent past, but only remarkable 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 CMP is needed again. Also, there is a lack of documentation that supports any relationship of these tests with the nature of industrial injury of this worker. The Requested Treatment: Lab-CMP is not medically necessary and appropriate.