

Case Number:	CM15-0176680		
Date Assigned:	09/28/2015	Date of Injury:	04/26/2011
Decision Date:	11/12/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 52 year old male, who sustained an industrial injury on 4-26-2011. Medical records indicate the worker is undergoing treatment for diabetes mellitus, hypertension, insomnia and headache. A recent progress report dated 7-29-2015, reported the injured worker complained of tinnitus and trouble sleeping. Physical examination revealed the injured worker was alert and oriented and in no acute distress. Treatment to date has included physical therapy and medication management. On 7-29-2015, the Request for Authorization requested CBC, CMP, HgbA1c, H-pylori, urinalysis, T4, IgG and Lipid panel. On 8-14-2015, the Utilization Review noncertified requested laboratory studies: CBC, CMP, HgbA1c, H-pylori, urinalysis, T4, IgG and Lipid panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient's symptoms are attributed to a clear functional cause. Pain is reproducible and attributed to a functional cause; this is not a finding attributable to an autoimmune disease. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.

CMP: Overturned

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 Official Disability Guidelines (ODG) Diabetes, Metabolic testing.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has been documented to have chronic medical diseases, which would affect their hepatic and renal function. The patient also takes diabetes and hypertension medications which may affect his mental and functional abilities due to metabolic derangement. In this case, metabolic testing is indicated. Therefore, based on the submitted medical documentation, the request for CMP testing is medically necessary.

HgbA1c: 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 Official Disability Guidelines (ODG) Diabetes, Glucose Monitoring.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Hemoglobin A1C test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: "Recommended for self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy." Hemoglobin A1C testing is a method of glucose monitoring to assess long term glycemic control. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's physician that indicate he has been diagnosed prior Hemoglobin A1C tests have been indicative of active insulin intolerance. Without prior baseline levels of glycosylated hemoglobin, a repeat A1C test is not indicated. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not-medically necessary.

H-pylon: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines state that: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt. In review of the clinical documentation provided for review, the requested laboratory study for IGG would not be recommended as medically necessary. The patient was documented to have tinnitus and insomnia at the time of exam. Physical exam revealed the patient to be in his baseline state of health with no acute injuries or evidence of inflammatory conditions. A history of GI complaints refractory to medical management is not documented to support the request for H.Pylori testing. Furthermore, there were no other findings to support conditions that would have reasonably required this requested laboratory testing. Therefore, based on the submitted medical documentation, the request for H.Pylori testing is not medically necessary.

U/A: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The clinical records submitted do not support the fact that

this patient has signs or symptoms of chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in his normal state of health at the time of physical exam. The reason for this test is unclear. The patient has complained of tinnitus and insomnia. The medical records indicate that has no new signs or symptoms indicative of chronic kidney disease. A urinary analysis is not necessary without demonstrably impaired renal function on BMP or signs of pyuria/dysuria. Therefore, based on the submitted medical documentation, the request for U/A testing is not-medically necessary.

TFT (T4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a free thyroxine test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has been documented to be in his normal state of health without traumatic complains at the time of physical exam. The patient has complained of tinnitus and insomnia. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for free thyroxine testing is not-medically necessary.

IgG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Physical Examination.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines state that: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt. In review of the clinical documentation provided for review, the requested laboratory study for IGG would not be recommended as

medically necessary. The patient was documented to have tinnitus and insomnia at the time of exam. Physical exam revealed the patient to be in his baseline state of health with no acute injuries or evidence of inflammatory conditions. There were no other findings to support conditions that would have reasonably required this requested laboratory testing. Therefore, based on the submitted medical documentation, the request for IgG is not medically necessary.

Lipid Pannel: Overturned

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 Final Update Summary: Lipid Disorders in Adults (Cholesterol, Dyslipidemia): Screening. U.S. Preventive Services Task Force. July 2015.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of lipid panel testing for this patient. The clinical records submitted do support the fact that this patient is at risk for cardiovascular disease. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of lipid panel testing. Per the United States Preventive Services Task Force, the current recommendation is that the "USPSTF strongly recommends screening men aged 35 and older for lipid disorders. The USPSTF recommends this service. There is high certainty that the net benefit is substantial." This patient is 52 years old with diabetes, hypertension and other stable medical comorbidities. Patients with diabetes are at increased risk of accelerated atherosclerotic deposition to the coronary and peripheral vascular arteries. Yearly lipid screening is recommended in this patient population. Therefore, based on the submitted medical documentation, the request for lipid panel testing is medically necessary.