

<b>Case Number:</b>	CM15-0176715		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/06/2004
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 44 year old male, who sustained an industrial injury on 7-6-04. The documentation noted on 7-21-15, that the injured worker was feeling feel with no new complaints. The injured workers lungs were clear. The documentation noted on 1-13-15 that the injured worker was seen in the emergency room on 10-7-14 for dyspnea and was told he had pleurisy. The diagnoses have included primary coccidioidomycosis (pulmonary). Treatment to date has included posaconazole. The original utilization review (9-1-15) partially approved a request for lab work for lipid panel; T3 free; free thyroxine; TSH; uric acid; GGTP; serum ferritin; vitamin D, hydroxyl; apolipoprotein A; apolipoprotein B and glycol hemoglobin A1C. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: Lipid Panel:** 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) 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 44 years old. Male patients 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.

**Lab: T3 Free:** 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 T3 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 good health without complains at the time of physical exam. 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 T3 testing is not-medically necessary.

**Lab: Free Thyroxine:** 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 good health without complains at the time of physical exam. 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.

**Lab: TSH:** 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 TSH 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 good health without complains at the time of physical exam. 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 TSH testing is not-medically necessary.

**Lab: Uric Acid:** 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 or active gout. 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 good health without complaints at the time of physical exam. A diagnosis of active gout was not made at the time of exam. The medical records also indicate that has no new signs or symptoms indicative of chronic kidney disease. A uric acid level is not necessary without demonstrably impaired renal function on BMP. Therefore, based on the submitted medical documentation, the request for uric acid testing is not-medically necessary.

**Lab: GGTP:** 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 GGTP testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of hepatic insufficiency or hepatitis. 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 good health without complaints at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of liver disease. The patient has a history of stable hypertension and hyperlipidemia. There is no history of liver disease. The medical records also indicate that he has not suffered from ascites, RUQ pain, jaundice or biliary obstruction, which would indicate an abnormal GGTP level. Therefore, based on the submitted medical documentation, the request for GGTP testing is not-medically necessary.

**Lab: Serum Ferritin:** 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 serum ferritin testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute or chronic microcytic anemia. 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 good health without complains at the time of physical exam. The medical records indicate that he has not had an abnormal CBC panel in the past. He is without new complaints or new signs/symptoms indicative of microcytic anemia. The medical records also indicate that he has not suffered from recent gastrointestinal bleeding or other blood dysgrasias, which would result in an iron deficit anemia. Therefore, based on the submitted medical documentation, the request for serum ferritin testing is not-medically necessary.

**Lab: Vitamin D; Hydroxy:** 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 Vitamin D, 25-Hydroxy testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute microcytic anemia indicative of worsening 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 good health without complaints at the time of physical exam. The medical records indicate that has no new signs or symptoms indicative of microcytic anemia. The patient does not have a history of severe chronic kidney disease with the need for erythropoietin injections. The medical records also indicate that he has not suffered from skin conditions or excessive tiredness, which would indicate a vitamin D deficiency. Therefore, based on the submitted medical documentation, the request for Vitamin D, 25-Hydroxy testing is not-medically necessary.

**Lab: Apolipoprotein 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 Apolipoprotein A testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of a familial lipid disorder. 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 good health without complains at the time of physical exam. The medical records indicate that his hyperlipidemia is controlled without complaint of new signs or symptoms indicative of unstable cardiovascular disease. The patient has also never been documented to have refractory hyperlipidemia unresponsive to medical management, familial hyperlipidemia or familial hyperlipoproteinemia. Therefore, based on the submitted medical documentation, the request for Apolipoprotein A testing is not-medically necessary.

**Lab: Apolipoprotein B:** 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 Apolipoprotein B testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of a familial lipid disorder. 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 good health without complains at the time of physical exam. The medical records indicate that his hyperlipidemia is controlled without complaint of new signs or symptoms indicative of unstable cardiovascular disease. The patient has also never been documented to have refractory hyperlipidemia unresponsive to medical management, familial hyperlipidemia or familial hyperlipoproteinemia. Therefore, based on the submitted medical documentation, the request for Apolipoprotein B testing is not-medically necessary.

**Lab: Glyco Hemoglobin A1C:** 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 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: "Recommend 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 was felling well at the time of physical exam. There are no notes from this patient's PCP that indicate he has been diagnosed with diabetes mellitus or that the patient has had prior Hemoglobin A1C tests have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not-medically necessary.