

<b>Case Number:</b>	CM15-0022435		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59-year-old female who reported an injury on 10/01/1984. The specific mechanism of injury was not provided. The latest physician progress note submitted for this review is documented on 11/14/2014. The injured worker presented for follow-up evaluation. Upon examination the physician noted clear lung sounds. A prescription was issued for omeprazole 20 mg to be taken twice per day. The injured worker was instructed to follow-up in 3 months. A Request for Authorization form was submitted on 01/28/2015 for multiple laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: Complete Blood Count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online. 2001 - 2014 by American

Association for Clinical Chemistry, Last modified on February 24, 2015  
(www.labtestsonline.com).

**Decision rationale:** According to the American Association for Clinical Chemistry, a complete blood count may be ordered when a patient has any number of signs or symptoms that may be related to a disorder affecting the blood cells. When a patient has been diagnosed with a disease known to affect blood cells, a CBC will often be ordered on a regular basis to monitor the condition. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality. There is no documentation of a diagnosed condition or disease that is known to affect blood cells requiring a CBC test on a regular basis. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.

**Lab: Lipid Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry (www.labtestsonline.com).

**Decision rationale:** According to the American Association for Clinical Chemistry, the comprehensive metabolic panel is used as a broad screening tool to evaluate organ function and to assess for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension and kidney or liver related side effects from specific medications. There is no documentation of side effects or adverse reactions to medications. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.

**Lab: T3 Free:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry (www.labtestsonline.com).

**Decision rationale:** According to the American Associated for Clinical Chemistry, a T3 test is used to assess thyroid function. It is ordered primarily to help diagnose hyperthyroidism and may also be ordered to monitor the status of a patient with a known thyroid disorder. In this case, there is limited documentation provided for this review. There is no indication that this injured worker is currently diagnosed with a thyroid disorder. The injured worker does not exhibit any

signs or symptoms suggestive of a thyroid disorder. As the medical necessity has not been established, the request is not appropriate.

**Lab: Free Thyroxine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According the American Association for Clinical Chemistry, a thyroid panel is used to screen for or to help diagnose hypo and hyperthyroidism due to various thyroid disorders. In this case, there is limited documentation submitted for this review. There is no indication that this injured worker maintains a diagnosis of a thyroid disorder. The injured worker does not exhibit any signs or symptoms suggestive of a thyroid disorder. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.

**Lab: TSH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According the American Association for Clinical Chemistry, a thyroid panel is used to screen for or to help diagnose hypo and hyperthyroidism due to various thyroid disorders. In this case, there is limited documentation submitted for this review. There is no indication that this injured worker maintains a diagnosis of a thyroid disorder. The injured worker does not exhibit any signs or symptoms suggestive of a thyroid disorder. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.

**Lab: Glyco Hemoglobin A1C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy

health information. ©2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According to the American Association for Clinical Chemistry, the A1C test is used to monitor the glucose control of a diabetic patient over time. The injured worker does not maintain a diagnosis of diabetes mellitus. There is no indication that this injured worker suffers from hyper or hypoglycemia. The medical necessity for the requested laboratory testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

**Lab: Basic Metabolic Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According to the American Association for Clinical Chemistry, a BMP may be ordered as part of a routine health examination and is also ordered in the hospital emergency room setting. In this case, there is limited documentation submitted for this review. There is no indication that this injured worker maintains a diagnosis of a kidney or electrolyte imbalance. The injured worker does not exhibit any signs or symptoms suggestive of a kidney or electrolyte imbalance. As the medical necessity has not been established, the request is not medically appropriate.

**Lab: Hepatic Function Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According the American Association for Clinical Chemistry, a liver panel may be ordered when a patient is at high risk for a liver dysfunction. A liver panel may also be ordered when a patient has signs or symptoms suggestive of a liver disease. In this case, there is limited documentation submitted for this review. There is no indication that this injured worker maintains a diagnosis of a liver disorder. There is also no indication that this injured worker is at high risk for liver dysfunction. The injured worker does not exhibit any signs or symptoms suggestive of liver disease. As the medical necessity has not been established, the request is not application at this time.

**Lab: Uric Acid: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According to the American Association for Clinical Chemistry, the uric acid blood test is used to detect high levels of uric acid the blood in order to help diagnose gout. In this case, there is limited documentation submitted for this review. The injured worker does not exhibit any signs or symptoms suggestive of elevated uric acid. The injured worker does not maintain a diagnosis of gout. As the medical necessity has not been established, the request is not appropriate at this time.

**Lab: Gamma-Glutamyl Transpeptidase (GGTP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According to the American Association for Clinical Chemistry, the GGT test may be used to determine the cause of elevated alkaline phosphatase. In this case, there is no indication that this injured worker maintains a diagnosis of a liver disorder. The medical necessity for the requested laboratory testing has not been established. The injured worker does not exhibit any signs or symptoms suggestive of a liver dysfunction. As the medical necessity has not been established, the request is not appropriate at this time.

**Lab: Serum Ferritin: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According to the American Association for Clinical Chemistry, a Ferritin test may be ordered along with other iron tests when a routine CBC shows that a patient's

hemoglobin and hematocrit are low and red blood cells are smaller than normal. In this case, there is limited documentation provided for this review. There is no indication that this injured worker maintains a diagnosis of iron deficiency anemia. There are no signs or symptoms suggestive of iron deficiency anemia. As the medical necessity has not been established, the request is not appropriate at this time.

**Lab: Vitamin D; Hydroxy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According the American Association for Clinical Chemistry, a vitamin D test may be requested when a patient is known to be at risk of a vitamin D deficiency. In this case, there is limited documentation provided. There is no indication that this injured worker is at high risk for a vitamin D deficiency. As the medical necessity has not been established, the request is not appropriate at this time.

**Lab: Apolipoprotein A:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry ([www.labtestsonline.com](http://www.labtestsonline.com)).

**Decision rationale:** According to the American Association for Clinical Chemistry, the LPA test is used to identify the presence of LPA as a possible risk factor in the development of cardiovascular disease. It is not routinely ordered as part of a lipid profile. In this case, the injured worker does not maintain a diagnosis of a cardiovascular disorder. There is no indication that this injured worker is at high risk for the development of cardiovascular disease. As the medical necessity has not been established, the request is not appropriate at this time.

**Lab: Apolipoprotein B:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, HON code standard for trustworthy

health information. 2001 - 2014 by American Association for Clinical Chemistry (www.labtestsonline.com).

**Decision rationale:** According to the American Association for Clinical Chemistry, the Apo B test may be measured along with an Apo A test or other lipid test when a health practitioner is evaluating the patient's risk for developing a cardiovascular disease. In this case, there is limited documentation submitted for review. There is no indication that this injured worker is currently being treated for high cholesterol. There is no indication that this injured worker is at high risk for the development of for a cardiovascular disease. As the medical necessity has not been established, the request is not medically appropriate.

**Lab: Venipuncture:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.