

Case Number:	CM15-0066717		
Date Assigned:	04/29/2015	Date of Injury:	10/13/2008
Decision Date:	06/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 60-year-old male who sustained an industrial injury on 10/13/08. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include laboratory tests and an EKG. Current complaints include are reported as no new complaints, feel good. Current diagnoses include impotence, and hypertension. In a progress note dated 01/20/15 the treating provider reports the plan of care as continued medications including amlodipine, HCTZ, and Viagra, as well as blood and urine tests, EKG and an echocardiogram. The requested treatments are laboratory studies and an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venipuncture: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - MedlinePlus (www.nlm.nih.gov/medlineplus).

Decision rationale: Venipuncture is the collection of blood from a vein, usually for laboratory testing. With the certification of some requested lab work, the request is medically necessary.

Basic Metabolic Panel (BMP): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org).

Decision rationale: The American College of Physicians recommends screening patients with hypertension for diabetes and hyperlipidemia regularly. Patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD should also be screened. Per guidelines, creatinine, urinalysis, retinal exam may be screened annually, and ECG may be considered if there are unexplained symptoms or poor BP control. Patients on certain medications, including diuretics, ACE inhibitors, ARB, and mineralocorticoid antagonists (spironolactone) should have potassium, creatinine, and other electrolytes monitored for potential side effects. Documentation shows that the injured worker has Hypertension, treated with Amlodipine and Hydrochlorothiazide, a diuretic. Previous lab results provided for review showed elevated fasting glucose level, which would support the medical necessity for repeat electrolyte testing. The request is medically necessary by guidelines.

Hepatic Function Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org).

Decision rationale: The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity, such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients on medication should have fasting lipid panel checked annually. Patients with any symptoms of liver toxicity should have liver enzymes and those with symptoms of muscle toxicity should have muscle enzymes checked. Documentation shows that the patient is being treated for Hyperlipidemia. At the time of the requested service under review, physician report fails to show results of previous liver function test or objective evidence that the injured worker is experiencing symptoms of liver toxicity. The request is not medically necessary by guidelines.

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 www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org).

Decision rationale: The American College of Physicians recommends seeing patients on drug therapy for Hyperlipidemia at 4- to 6-month intervals (or more often as needed). Patients should be monitored for symptoms of muscle toxicity, such as fatigue and weakness, or muscle pain, stiffness, or cramping and symptoms of hepatotoxicity, such as fatigue, weakness, abdominal pain, anorexia, jaundice, or icterus. Patients on medication should have fasting lipid panel checked annually. Patients with any symptoms of liver toxicity should have liver enzymes and those with symptoms of muscle toxicity should have muscle enzymes checked. Liver function tests check the levels of certain enzymes and proteins in your blood. Gamma-glutamyl transferase (GGT) is an enzyme in the blood that increases in level when there is liver or bile duct damage. Although the injured worker is on drug therapy for Hyperlipidemia, physician reports fail to show results of previous liver function test or objective evidence of symptoms indicating liver toxicity. The medical necessity for liver enzyme testing has not been established. The request is not medically necessary by guidelines.

Uric Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org), The Mayo Clinic (www.mayoclinic.org).

Decision rationale: Medications such as thiazide diuretic can increase the risk of developing gout, a type of arthritis caused by the deposit of uric acid crystals in a joint. Per guidelines, asymptomatic patients should not be screened for hyperuricemia. Documentation shows that the injured worker is on multiple medications, including Hydrochlorothiazide, a thiazide diuretic. Physician reports fail to show that the injured has any symptoms consistent with the diagnosis of gout to establish the medical necessity for checking a uric acid level. The request is not medically necessary per guidelines.

A1C: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org), The Mayo Clinic (www.mayoclinic.org).

Decision rationale: The A1C test is a blood test that reflects a patient's average blood sugar level for the past two to three months. This test is used to diagnose diabetes and to monitor

diabetes control. The American College of Physicians recommends screening patients with hypertension for diabetes and hyperlipidemia regularly. Patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD should also be screened. Documentation provided shows that the injured worker has well controlled Hypertension. Laboratory results three months early showed an elevated fasting glucose level. No follow up results were provided for review. The request for A1C test to screen for diabetes is clinically appropriate. The request is medically necessary.

Ferritin-Serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: Per ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided fails to show that the injured worker is taking NSAIDs chronically or carries the diagnosis of Anemia. The medical necessity for checking serum ferritin level has not been established. The request is not medically necessary per guidelines.

Vitamin D; 25 Hydroxy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic (www.mayoclinic.org).

Decision rationale: Vitamin D also appears to play a role in insulin resistance, high blood pressure and immune function and how this relates to heart disease and cancer but this is still being investigated. Vitamin D deficiency is known to weaken bones, but the role vitamin D may play in developing high blood pressure and heart disease is stated to be less clear. There is established guideline recommendation for Vitamin D supplements in the treatment of Hypertension. Documentation shows that the injured worker is diagnosed with Hypertension. There is no evidence provided to show a diagnosis of Vitamin D deficiency or to support the medical necessity for checking Vitamin D level. The request is not medically necessary.

Apolipoprotein (APO) A1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. CharFormat Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org).

Decision rationale: The American College of Physicians recommends screening high-risk adults, all men aged 35 or older, and women aged 45 or older for lipid disorders by checking either a fasting lipid profile or total cholesterol and HDL. Low-risk adults should be screened every 5 years. Additional lab and other studies may be considered in select patients at moderate cardiovascular risk with either abnormal lipid profiles or unclear need for drug therapy. Such testing may include imaging for atherosclerosis (coronary artery calcium score by CT or carotid intima-media thickness by ultrasound), checking high-sensitivity C-reactive protein, lipoprotein-(a) and lipoprotein phospholipase A2. Documentation reveals that the injured worker is diagnosed with Hypertension, which is well controlled. Physician reports fail to support that this injured worker is at risk level high enough to support the medical necessity for checking APO A1 level. The request is not medically necessary by guidelines.

Apolipoprotein (APO) B: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org).

Decision rationale: The American College of Physicians recommends screening high-risk adults, all men aged 35 or older, and women aged 45 or older for lipid disorders by checking either a fasting lipid profile or total cholesterol and HDL. Low-risk adults should be screened every 5 years. Additional lab and other studies may be considered in select patients at moderate cardiovascular risk with either abnormal lipid profiles or unclear need for drug therapy. Such testing may include imaging for atherosclerosis (coronary artery calcium score by CT or carotid intima-media thickness by ultrasound), checking high-sensitivity C-reactive protein, lipoprotein-(a) and lipoprotein phospholipase A2. Documentation reveals that the injured worker is diagnosed with Hypertension, which is well controlled. Physician reports fail to support that this injured worker is at risk level high enough to support the medical necessity for checking APO B level. The request is not medically necessary by guidelines.

Hemoglobin (HgB): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: Per ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests).

Documentation provided fails to show that the injured worker is taking NSAIDs chronically or carries the diagnosis of Anemia. The medical necessity for checking HgB has not been established. The request is not medically necessary per guidelines.

Urine-Creatinine & Microalbumin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Smart Medicine (smartmedicine.acponline.org), The Mayo Clinic (www.mayoclinic.org).

Decision rationale: The American College of Physicians recommends screening patients with hypertension for diabetes and hyperlipidemia regularly. Patients at increased risk for Chronic Kidney disease (CKD), including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD should also be screened. Patients with type 2 diabetes should have a urine test for protein (microalbuminuria) at time of diagnosis, and be tested annually after that. Screening patients without risk factors for CKD is not recommended. Documentation provided shows that the injured worker has well controlled Hypertension. Laboratory results three months early showed an elevated fasting glucose level, however, there is no objective evidence that the injured worker has been diagnosed with diabetes or is at risk for developing CKD. The medical necessity for Urine-Creatinine & Microalbumin has not been established. The request is not medically necessary.

M-Mode & 2-D with ECG, Rhythm ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/books/NBK2215: Chapter 4 Understanding the echo cardiogram, Two-dimensional imaging and www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians (www.acponline.org), US Preventive Services Task Force (www.uspreventiveservicestaskforce.org).

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker is diagnosed with Hypertension and Hypertensive Heart disease Unspecified. At the time the requested service in question was ordered, documentation failed to demonstrate acute illness or change in the injured worker's condition to warrant additional cardiac testing. The request is not medically necessary.