

<b>Case Number:</b>	CM15-0125044		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old male, who sustained an industrial injury on 11/15/13. The injured worker has complaints of hearing loss in the left ear that comes on and off and having episodes of passing out two to three times a week. The documentation noted that the injured worker started having trouble swallowing with food getting stuck in his throat and having blurry vision. The documentation noted that the injured worker has complaints of right ankle pain with swelling and difficulty with prolonged standing or walking. The documentation noted that the injured workers cranial nerve II to XII are intact. The diagnoses have included status post open reduction internal fixation of right olecranon fracture with residual adhesive capsulitis; right talus fracture; right sacral fracture and pain in joint, lower leg. Treatment to date has included norco; physical therapy; magnetic resonance imaging (MRI) of the brain on 6/9/14 showed atypical flair and T2 hyperintense focus in the left inferior cerebellum favored to represent sequelae of trauma, and magnetic resonance imaging (MRI) of the brain on 12/17/14 showed there is no acute infarction, intracranial hemorrhage or intracranial mass lesion. Neurology note from January 2015 describes the injured worker as having fairly non-specific syncopal episodes with negative EEG; recommendations included repeat EEG. Diagnoses included Panic attacks and panic disorder and Neurological exam was non-acute with good memory and concentration noted as well. MRI brain 01/20/2015 demonstrated unchanged hyperintense FLAIR signal in the posteromedial left cerebellum. No associated enhancement. Given lack of interval encephalomalacia as compared to June 2014 study, this is unlikely related to trauma per report. Rest of the imaging was non-acute. Physical medicine clinic note dated 06/30/2015 was

reviewed. The injured worker continues to demonstrate memory deficits secondary to his traumatic brain injury. He is seeing SLP for dysphagia. He continues to suffer from vertigo and dizziness. He sees Neuropsychology for his history of brain injury and cognitive deficits, and 05/2015 testing showed memory deficits, questionable effort, with significant PTSD, anxiety and depression contributing. He continues to have right lower extremity pain, and X-rays recommended as well as labs due to vestibular symptoms. The request was for random urine drug screen; complete right ankle X-ray; cortisone levels; insulin-like growth factor 1; vitamin B12 level; C-reactive protein; luteinizing hormones; total free testosterone; thyroid stimulating hormone; estradiol level; prolactin; urine cortisol; vitamin 25 hydroxyvitamin D.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Random Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. Within the submitted documentation there is no mention of the injured worker being at high risk for abusing substances. There is no mention of potential aberrant or past aberrant behaviors. At this time medical necessity has not been established. The request is not medically necessary.

#### **Complete Right Ankle X-ray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Ottawa Ankle Score <http://www.mdcalc.com/ottawa-ankle-rule/>.

**Decision rationale:** According to the Ottawa classification for X-rays of the ankle, it can be considered reasonable if there is pain in the malleolar zone and either bony tenderness over the posterior edge or tip of the lateral or medial malleolus, or inability to bear weight immediately or in the ED. These rules have been validated on several occasions and sensitivity to these rules is 90-100%. Within the submitted documentation the injured worker continues to describe pain, but the tenderness is over the ATF ligament, and there is mild laxity of the affected ankle. ACOEM Guidelines recommend ankle plain films if there are red flags or if Ottawa criteria are met. At this time, there are no red flags to warrant an ankle X-ray. The request is not medically necessary.

### **Cortisone Levels: 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/16909051](http://www.ncbi.nlm.nih.gov/pubmed/16909051).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16909051>.

**Decision rationale:** ACOEM and ODG do not address Cortisone levels. The injured worker was diagnosed with traumatic brain injury. There is no clear rationale within the submitted documentation as to why a Cortisol level is indicated. There is no mention of adrenal pathology. Without a clear rationale for the lab study, medical necessity is not established. The request is not medically necessary.

### **Insulin-Like Growth Factor I: 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/17978909](http://www.ncbi.nlm.nih.gov/pubmed/17978909).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/igf1/tab/test/>.

**Decision rationale:** MTUS and ODG do not address IGF-1 labs. According to web review, IGF-1 can be used to assess pituitary function, assess for GH deficiency, or less commonly, assess for gigantism. There is no specific mention within the submitted documentation of why IGF-1 levels are needed. The labs are characterized by the Physician as TBI labs with no clear rationale. Without a clear rationale, this request is not medically necessary.

### **Vitamin B12 Level: 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/824083](http://www.ncbi.nlm.nih.gov/pubmed/824083).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003705.htm>.

**Decision rationale:** According to Medline, B12 levels are usually indicated to evaluate for deficiency, and/or workup for macrocytic anemia. Within the submitted documentation, the B12 levels are requested due to headaches, dizziness, and irritability. There is no clear rationale as to why B12 levels are indicated, what diagnoses are suspected, and whether there is a suspected deficiency. Without this information, this request is not medically necessary.

### **C-Reactive Protein: 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/16682512](http://www.ncbi.nlm.nih.gov/pubmed/16682512).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthline.com/health/c-reactive-protein#Overview1>.

**Decision rationale:** According to Healthline, CRP is a lab test that is used to determine if there is systemic inflammation and is recently being utilized to determine individual coronary risk. Within the submitted documentation, there is no mention of the injured worker having high risk for coronary events, or systemic inflammation. There is no clear rationale for why CRP is being requested. Medical necessity has not been established at this time. The request is not medically necessary.

**Luteinizing Hormones:** 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/PMC332931](http://www.ncbi.nlm.nih.gov/pubmed/PMC332931).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthline.com/health/lh-blood-test#Overview1>.

**Decision rationale:** According to Healthline, LH or Luteinizing Hormone is a hormone produced in the Pituitary gland. It is typically indicated when evaluating for menstrual, fertility, or pubertal issues in men and women. There is no clear rationale for why LH is being requested. Medical necessity has not yet been established. The request is not medically necessary.

**Total Free Testosterone:** 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/1901550](http://www.ncbi.nlm.nih.gov/pubmed/1901550).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayomedicallaboratories.com/test-catalog/Clinical+and+Interpretive/8508>.

**Decision rationale:** ACOEM and ODG do not address free testosterone levels. According to Mayo Clinic, Testosterone is the predominant male androgenic hormone responsible for the development of male external genitalia and secondary sexual characteristics. There is no clear rationale as to why this lab study is being requested. Medical necessity has not been established. The request is not medically necessary.

**Thyroid Stimulating Hormone:** 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/16909051](http://www.ncbi.nlm.nih.gov/pubmed/16909051).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003684.htm>.

**Decision rationale:** California MTUS and ODG do not address TSH levels. TSH is a hormone produced by the pituitary gland and affects circulating levels of thyroid hormone. There is no clear rationale as to why TSH levels are being requested. The injured worker has noted anxiety and non-specific syncope with non-focal neurological exams within the submitted documentation. The medical necessity of this request has not yet been established. The request is not medically necessary.

**Estradiol Level:** 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/10872247](http://www.ncbi.nlm.nih.gov/pubmed/10872247).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthline.com/health/estradiol-test#Overview1>.

**Decision rationale:** California MTUS and ODG do not address Estradiol levels. Estradiol, in males, is responsible for sexual drive and fertility. There is no clear rationale for this requested lab. This request is not medically necessary.

**Prolactin:** 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/21941183](http://www.ncbi.nlm.nih.gov/pubmed/21941183).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthline.com/health/prolactin#Overview1>.

**Decision rationale:** California MTUS and ODG do not address Prolactin. Prolactin is a hormone produced by the pituitary gland and is responsible for the reproductive health in both men and women. In males, it is thought to aid in sexual satisfaction, but the main purpose of this hormone is to stimulate milk production in women. There is no clear rationale for the lab request, and as such this request is not medically necessary.

**Urine Cortisol:** 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/9253318](http://www.ncbi.nlm.nih.gov/pubmed/9253318).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/cortisol/tab/sample/>.

**Decision rationale:** ACOEM and ODG do not address Urine Cortisone levels. The injured worker was diagnosed with traumatic brain injury. There is no clear rationale within the submitted documentation as to why a Urine Cortisol level is indicated. There is no mention of Cushings disease or suspected Cushings. There is no mention of adrenal pathology. Without a clear rationale for the lab study, medical necessity is not established. The request is not medically necessary.

**Vitamin D 25-oh:** 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/18348447](http://www.ncbi.nlm.nih.gov/pubmed/18348447).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003569.htm>.

**Decision rationale:** According to Medline, 25-hydroxy Vitamin D levels are the most accurate method to detect whether one has too much or too little Vitamin D in its active form, in the body. There is no mention within the submitted documentation as to why this injured worker needs Vitamin D levels assessed. Symptoms included headache, and irritability but a clear rationale was not stated. Medical necessity has not been substantiated. The request is not medically necessary.