

Case Number:	CM13-0007782		
Date Assigned:	03/07/2014	Date of Injury:	02/27/2011
Decision Date:	04/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old female with a 2/27/11 date of injury. At the time of request for authorization for glucose lab test and pain management consult, there is documentation of subjective (neck, low back, and shoulder pain) and objective (decreased cervical and lumbar spine range of motion in all planes) findings; current diagnoses (lumbar sprain/strain, cervical radiculopathy, and status post right shoulder surgery); and treatment to date (physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSE LAB TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles Of Internal Medicine, edited by Dennis Kasper, MD, 16 Edition, 2005, pages 38-43

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles Of Internal Medicine

Decision rationale: MTUS and ODG do not address this issue. Harrison's Principles of Internal Medicine identifies that diagnostic tests should be ordered for specified clinical indications and be sufficiently accurate to be efficacious for such indications. Within the medical informaion

available for review, there is documentation of diagnoses of lumbar sprain/strain, cervical radiculopathy, and status post right shoulder surgery. In addition, there is documentation of a request for labs to monitor the patient's liver and kidney function. However, there is no documentation of the clinical indication and a rationale for monitoring the patient's liver and kidney function. In addition, there is no documentation that a glucose lab test is sufficiently accurate to be efficacious for such indications. Therefore, based on guidelines and a review of the evidence, the request for glucose lab test is not medically necessary.

Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Chronic Pain Consultation Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM Guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, cervical radiculopathy, and status post right shoulder surgery. However, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for pain management consult is not medically necessary.