

Case Number:	CM13-0033732		
Date Assigned:	12/06/2013	Date of Injury:	10/05/2006
Decision Date:	06/13/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a woman with a medical h/o diabetes mellitus, hypertension, and morbid obesity s/p Roux-En-Y gastric bypass surgery 4/10 who sustained a work-related injury on 10/5/06 resulting in chronic pain. Orthopedic diagnosis includes cervical spine discopathy, lumbar spine discopathy, and right knee internal derangement. The medical record is reviewed including office visit with the primary treating physician dated 7/2/13, 9/3/13 and 12/3/13. On 9/3/13 the injured worker is complaining of low blood sugars in the middle of the night with night sweats. The blood pressure is stable. The primary provider notes the injured worker has had an elevated C-peptide level with low blood sugar and recommends a referral to an endocrinologist since the claimant does not take any exogenous insulin. The primary provider has concerns regarding an insulinoma. The endocrinology consult was denied during utilization review dated 9/24/13. On 12/3/13 the injured worker is noted by the provider to have improved blood sugars without hypoglycemia and with well controlled blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENDOCRINOLOGIST CONSULTATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the patient suffers from low blood glucose in the face of an elevated c-peptide. A referral to a specialist, an endocrinologist, to determine the cause of this is warranted given the concern for an insulinoma. The request is medically necessary and appropriate.