MAXIMUS Federal Services

Case Number:	CM13-0034802		
Date Assigned:	05/16/2014	Date of Injury:	07/24/2006
Decision Date:	07/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, Pulmonary Disease and Critical Care 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 Physician 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 48-year-old male with a reported date of injury on 07/24/2006. The mechanism of injury was not provided within the documentation available for review. According to the clinical note dated 08/29/2013, the physician indicated the injured worker did not note any change in his diabetes or hypertension and his acid reflux was controlled with medications. The injured worker's blood pressure was 136/91 and blood glucose was 147, with medications taken at noon. Within the documentation the physician noted that the injured worker was prescribed NSAIDs for an orthopedic industrial injury. The physician noted, the long-term use of NSAIDs has been linked to triggering and aggravating hypertension. In addition, diabetes mellitus is well known to be a highly stress-sensitive disorder. The physician indicates that as the injured worker was under a great deal of emotional distress as a result of his industrial injury and concomitant chronic pain, it was documented that the ongoing pain and stress aggravated or accelerated the development of diabetes. The documentation indicated there were no other significant findings on physical exam. The injured worker's diagnoses included diabetes mellitus, hypertension, hyperlipidemia, and gastroesophageal reflux. The injured worker's medication regimen included lisinopril, Prilosec, Gaviscon, simvastatin, metformin, Glipizide, and aspirin. The request for authorization for quantitative, blood (except reagent strip) was submitted on 10/09/2013. The rationale for the request was not provided within the documentation available for review. The physician indicated that the authorization for the requested quantitative, blood (except reagent strip) exam was based on medically reasonable treatment requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSE: QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP): Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend glucose monitoring for people with type 1 diabetes, as well as those for type 2 diabetes who use insulin therapy, and for long-term assessment. Current glucose monitoring strategies can be classified into 2 categories: patients self-monitoring, which would allow patients to change behavior or medication dose, or long-term assessment which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. Long-term assessment is most often by A1C. The A1C should be measured at least twice yearly in all patients with diabetes mellitus and at least 4 times yearly in patients not at target glucose levels. There was a lack of documentation provided related to the injured worker's previous quantitative glucose screening. The injured worker's blood glucose level was 147 on 08/29/2013. The physician also noted that the injured worker has no change in his diabetes. In addition, the guidelines indicate that A1C is recommended for the monitoring of all quantitative glucose levels. Therefore, the request for glucose quantitative, blood (except reagent strip) is not medically necessary.