

Case Number:	CM13-0036767		
Date Assigned:	12/13/2013	Date of Injury:	06/13/1994
Decision Date:	02/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 and Cardiology, has Fellowship Trained in Cardiovascular Disease and is licensed to practice in Texas. 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 patient is a 53-year-old female who reported an injury on 06/13/1994 due to a fall which ultimately resulted in multiple back surgeries and knee surgery. The patient developed chronic pain with a psychiatric overlay that was managed by psychiatric support and medications. The patient's most recent clinical examination findings included severe pain limiting ability to walk, increased low back pain, neck pain and headaches. The patient's most recent objective clinical findings included a stiff neck and back pain with swollen tender knees. The patient's diagnoses included cervical radiculopathy, ulnar neuritis, cervical strain, and lumbosacral neuritis. The patient's most recent evaluation of her diabetes mellitus and hypertension revealed a blood pressure of 120/60 and a lack of self monitoring of glucose levels. The physical findings included non-pitting edema of the lower extremities. The diagnoses related to those conditions included gastropathy secondary to medication use, morbid obesity, orthopedic condition, psychiatric condition. The patient's treatment plan included continuation of medications and lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chemistry, A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Glycohemoglobin Standardization Program (NGSP): a five year progress report. Clinical Chemistry 47

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

Decision rationale: The requested chemistry, A1C is not medically necessary or appropriate. The Official Disability Guidelines recommend A1C monitoring of patients twice a year unless they are not on target then testing is supported for up to 4 times a year. The clinical documentation submitted for review does provide evidence that the patient has had A1C testing in 04/2013 and 08/2013. The results of which were not provided. There was no way to determine if the patient's A1C is within normal limits. Additionally, the patient is not compliant with self monitoring of glucose levels. Therefore, there is no way to determine if the patient's diabetes mellitus is under control. Therefore, additional chemistry panel and A1C test is not supported. As such, the requested chemistry, A1C is not medically necessary or appropriate.

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Chronic Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD website, Urine Test

Decision rationale: The requested urine analysis is not medically necessary or appropriate. An online resource Web MD indicates that a urine analysis can be used to evaluate symptomatic patients to determine the cause of patient symptoms. The clinical documentation submitted for review does not provide any evidence that the patient has any symptoms of decreased kidney function or signs of infection and testing would not be indicated. As such, additional urine testing would not be indicated. Therefore, the urine analysis is not medically necessary or appropriate.