

<b>Case Number:</b>	CM13-0039944		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/23/2003
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Family Practice 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:

The injured worker is a 57 year old male with industrial related injury dated 06/23/03 to the low back. The mechanism of injury is reported as a 500 piece of sheet metal fell from a forklift and landed on the left foot. There was indication the patient had initially returned to work but was back on disability secondary to an increase in pain. A Qualified Medical Evaluation on 02/07/08 indicated the patient complaining of low back, bilateral knee, and left foot pain. There record indicates epidural steroid injection to the low back. The patient continued with Hydrocodone on a daily basis. The patient was recommended for home health care. Clinical note dated 08/03/12 indicated a continuing complaint of low back pain radiating to bilateral lower extremities into the feet. The patient rated the pain as 9/10. The patient was diagnosed with diabetes mellitus, hypertension and hyperlipidemia at this time. Clinical note dated 10/24/12 indicated complaints of additional stress related to the industrial injury. Pelvic CT scan revealed findings consistent with renal hydronephrosis. Clinical note dated 06/28/13 indicated the patient complaining of worsening neck pain. Blood pressure at this time was 137/85. The patient was recommended for an ongoing exercise program. Clinical note dated 09/16/13 indicated the patient undergoing lab studies which revealed elevated High Density Lipoprotein (HDL) count. Clinical note dated 10/10/13 indicated the patient having significant limitations in completing his activities of daily living. Tenderness was identified in the lumbar spine specifically at L3 through S1. Reduction in range of motion at the cervical spine was also identified. Numerous laboratory studies confirmed compliance with prescribed drug regimen. Clinical note dated 11/20/13 indicated an average at home blood pressure of 140/90. The diabetes was primarily controlled. The patient reported no changes in his vision and denied any chest pain, palpitations, or shortness of breath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LANCETS::** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**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 clinical documentation indicates the patient having been diagnosed with diabetes. Monitoring measures would be indicated for patients with diabetes in order to provide the patient with a level of control of blood sugars. Therefore, given the ongoing need for a home monitoring blood glucose levels, this request is reasonable and medically necessary.

**1 ALCOHOL SWABS::** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**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 clinical documentation indicates the patient having been diagnosed with diabetes. Monitoring measures would be indicated for patients with diabetes in order to provide the patient with a level of control of blood sugars. Therefore, given the ongoing need for a home monitoring blood glucose levels, this request is reasonable and medically necessary.

**URINE TOXICOLOGY SCREEN::** Upheld

**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, URINE DRUG SCREENS.

**Decision rationale:** The request for urine toxicology screen is not indicated. Ongoing urine drug screens would be indicated provided information regarding the patient being at high risk for drug misuse is indicated. No information was submitted confirming the patient being at risk for drug misuse. Additionally, previous lab studies indicated the patient was compliant with prescribed drug regimen. Given this, the request is not medically necessary.

**PELVIC CT SCAN::** Upheld

**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) HIP AND PELVIS CHAPTER, CT SCANS.

**Decision rationale:** A CT scan of the hip is indicated when findings are consistent with sacral insufficiency fractures, osteoid osteoma, subchondral fractures, or failure of closed reduction. No information was submitted confirming previous findings consistent with sacral fracture, osteoid osteoma, and subchondral fracture, or failure of closed reduction. Therefore this request for pelvic CT scan is not medically necessary.

**EKG:** Upheld

**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) LOW BACK CHAPTER, PRE-OPERATIVE TESTING.

**Decision rationale:** The request for EKG is non-certified. The clinical documentation indicates the patient being diagnosed with diabetes mellitus. However, no information was submitted regarding potential cardiac complaints or potential for a surgical intervention. Given this, the request for EKG is not medically necessary.

**2D ECHO WITH DOPPLER::** Upheld

**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 1.) Ommen, S. R.; Nishimura, R. A.; Appleton, C. P.; Miller, F. A.; OH, J. K.; Redfield, M. M.; Tajik, A. J. (10 October). Clinical Utility Of Doppler Echocardiography And Tissue Do.

**Decision rationale:** No information was submitted regarding ongoing cardiac issues or potential for deep vein thrombosis. Given the lack of information confirming the need for a Doppler study this request is not medically necessary.

**EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY DEVICE::** Upheld

**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 : 1.) Hilbel, Thomas; Thomas M Helms, Gerd Mikus, Hugo A Katus, Christian Zugck (01/10/2008). Telemetry In the Clinical Setting. *Herzschrittmachertherapie & Elektrophysiologie* 19 (3).

**Decision rationale:** The use of a mobile telemetry device is not indicated. The use of these devices is indicated for significant clinical findings regarding cardiac complaints. No information was submitted regarding cardiovascular findings indicating the need for a monitoring device. The request for external mobile cardiovascular telemetry device is not medically necessary.

#### **DIABETES MELLITUS PROFILE LABS:: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation 1.) Fischbach Ft, Dunning MB III, EDS. (2009). *Manual Of Laboratory And Diagnostic Tests*, 8TH ED. Philadelphia: Lippincott Williams And Wilkins. 2.) Pagana KD, Pagana TJ (2010). MOS.

**Decision rationale:** Ongoing and periodic use of laboratory studies to assess the current diabetes status is indicated. The patient was previously diagnosed with diabetes mellitus. Therefore, it would be reasonable to continue to monitor diabetic status to provide safe and applicable treatment course. The request for diabetes mellitus profile labs is not medically necessary.

#### **HYPERTENSION PROFILE LABS:: 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 1.) Fischbach Ft, Dunning MB III, EDS. (2009). *Manual Of Laboratory And Diagnostic Tests*, 8TH ED. Philadelphia: Lippincott Williams And Wilkins. 2.) PaganA KD, Pagana TJ (2010). MOS.

**Decision rationale:** The use of ongoing laboratory studies to monitor ongoing hypertension is indicated. Previous clinical notes indicate the patient being provided with a home blood pressure monitoring device, ongoing hypertension laboratory studies would be indicated in order to professionally monitor symptomology and provide the patient with subsequent course of treatment. Therefore, this request is reasonable and medically necessary.