

Case Number:	CM13-0053064		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2010
Decision Date:	05/05/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation 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 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 55-year-old male who reported an injury on 05/20/2010. The injured worker was most recently seen on 10/31/2013 with complaints of abdominal pain and vision problems. On the examination, the physician was unable to visualize fundus during examination of the injured worker's eyes; however, the injured worker's abdomen was soft with normal active bowel sounds. The injured worker had been diagnosed previously with gastroesophageal reflux disease secondary to (NSAID) non-steroidal anti-inflammatory drugs use, irritable bowel syndrome, which was currently controlled, diabetes mellitus, hyperlipidemia, obstructive sleep disorder, vitamin D deficiency, and diabetic retinopathy (per [REDACTED]). On the date of that examination, they physician requested a referral for an initial GI consultation secondary to the injured worker's GERD and abdominal pain. He also requested a re-evaluation with an ophthalmologist secondary to the injured worker's diabetes mellitus. The injured worker was further advised to lose weight and follow a low cholesterol, low glycemic, low sodium, and low acid diet, and was advised to go to the emergency room if he felt chest pain. Lastly, the injured worker was advised to keep a blood glucose diary and follow a course of sleep hygiene. Lastly, the injured worker was instructed to follow-up with his private physician secondary to elevated uric acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINE ENCYCLOPEDIA

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, and Pre-Surgical Lab Testing.

Decision rationale: The request and the documentation do not specify which labs, specifically, are to be ordered. Therefore, it is unclear what the physician wanted tested. It was noted in the most recent documentation that the injured worker needed to be seen by his private physician secondary to his elevated uric acid. Under labstest.com, uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. It can also be used to diagnose the cause of recurrent kidney stones, and it also monitors people with gout for any stone formation. The injured worker was also noted to have hyperlipidemia, which, under labstestonline.com, it states that this test is used as a part of a cardiac risk assessment which helps to determine an individual's risk of heart disease, as well as helping to make decisions about what treatment may be best if the patient is borderline or high risk. These are just a few of the possible lab tests that the physician may want run. However, without having a rationale and a proper prescription for the requested service, the request for LABS cannot be supported at this time. As such, the requested service is non-certified.