

Case Number:	CM13-0054106		
Date Assigned:	03/14/2014	Date of Injury:	09/13/2003
Decision Date:	05/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 61-year-old female with an unspecified injury on 09/13/2003. The injured worker was evaluated on 09/17/2013 for complaints of low blood sugar. The documentation provided for review indicates the injured worker was diagnosed with pancreatitis on 08/24/2013. Upon evaluation, the injured worker's blood pressure first take was 177/86, and the second take was 177/97. The documentation indicated the injured worker had taken her blood pressure medication prior to the evaluation. The injured worker's blood glucose was 64 upon evaluation. The documentation provided for review indicates no other significant findings on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACCU- CHECK BLOOD GLUCOSE TEST DOS 9/17/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online., <http://labtestsonline.org/understanding/analytes/glucose/tab/glance>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) GLUCOSE MONITORING

Decision rationale: The documentation submitted for review indicated the injured worker stated her average fasting blood sugar was 70. The Official Disability Guidelines recommend self-monitoring blood glucose for people with type I, as well as those with type II diabetes who use insulin therapy. The documentation submitted for review did not indicate the injured worker was using insulin. Therefore, the need for Accu-Check is unclear. Furthermore, the injured worker indicated her blood glucose level was 70 upon evaluation, indicating the injured worker was running normal blood sugar levels. Therefore, the need for an additional check was unclear. The documentation did not indicate the injured worker had signs or symptoms of hypoglycemia or hyperglycemia for which a check would be supported. Given the information submitted for review, the request for an Accu-Check blood glucose test, date of service 09/17/2013, is not medically necessary and appropriate.

URINE TOXICOLOGY SCREEN DOS 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Drug testing Page(s): 43.

Decision rationale: The documentation submitted for review indicated the injured worker had previously undergone a urine toxicology screen dated 06/18/2013, which was remarkable for detecting hydrocodone and marijuana. However, the documentation did not indicate the injured worker was not prescribed the medications for which she tested positive. Therefore, the need for a urine drug test is unclear. The MTUS Chronic Pain Guidelines recommend the use of urine drug testing for patients when they are suspected of illegal drug use. The documentation submitted for review did not indicate the injured worker was suspected of illegal drug use. Therefore, the use of a urine toxicology screen is not supported. The documentation did not indicate the need for an additional drug test. Given the information submitted for review, the request for urine toxicology screen, date of service 09/17/2013, is not medically necessary and appropriate.

FASTING LABS: DM PROFILE, HTN PROFILE, VIT D 25-OH DOS 9/17/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC DIABETES PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FASTING PLASMA GLUCOSE TEST (FPG)

Decision rationale: The documentation submitted for review indicated the injured worker had been evaluated by a different physician for which he had a diagnosis of pancreatitis on 08/24/2013. The documentation submitted for review did not include laboratory work which was performed for that evaluation. Therefore, the need for repeat diagnostic testing is unclear.

Furthermore, upon evaluation, the injured worker noted her blood sugar was 70 on average; and therefore, repeat diagnostic laboratory work was not supported. The Official Disability Guidelines recommend the use of fasting plasma glucose testing for patients to aid in the diagnosis of type I and type II diabetes. However, the documentation submitted for review indicated the injured worker had already been previously diagnosed with diabetes. Therefore, the need for an additional diabetic test is unclear. As the patient indicated that she was being treated by another physician and had been diagnosed, the need for additional lab work is unclear. Given the information submitted for review, the request for fasting labs: DM profile, hypertension profile, vitamin D 25-OH, date of service 09/17/2013, is not medically necessary and appropriate.