

Case Number:	CM13-0062930		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2013
Decision Date:	05/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for anxiety disorder, psychological stress, posttraumatic stress disorder, and suicidal ideation reportedly associated with an industrial injury of August 29, 2013. Thus far, the applicant has been treated with the following: Psychotropic medications; psychotherapy; and several months off of work. In a Utilization Review Report of November 26, 2013, the claims administrator denied a request for an Accu-Chek, cardiorespiratory testing, and urine toxicology screen. The applicant's attorney subsequently appealed. The work status reports of August 29, 2013, September 4, 2013, September 6, 2013 were all notable for comments that the applicant was off of work, on total temporary disability. A November 4, 2013 psychiatry consultation was notable for comments that the applicant was having a variety of mental health issues, stress, anxiety, and depression with results in Global Assessment of Functioning (GAF) of 61. The applicant's only medical diagnosis was alcohol related disorder, in full remission, by history. A doctor's first report of November 4, 2013 also gave the applicant diagnoses of anxiety disorder and psychological disorder, unspecified.

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: 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), DIABETES CHAPTER, GLUCOSE MONITORING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) AMERICAN DIABETES ASSOCIATION (ADA), STANDARDS OF MEDICAL CARE IN DIABETES - 2014.

Decision rationale: The MTUS does not address the topic. While the American Diabetes Association does support the usage of point of care testing for serum glucose and/hemoglobin A1c to provide treating provider and/or applicant with an opportunity to make timely treatment changes, in this case, however, the information on file does not establish a diagnosis of diabetes for which point of care blood glucose testing/Accu-Check testing would have been indicated. There was no mention or suspicion of diabetes raised on any recent progress note provided. Therefore, the request is not medically necessary.

Cardio Respiratory Test: 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), PAIN CHAPTER, POLYSOMNOGRAPHY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) AMERICAN HEART ASSOCIATION (AHA) SCIENTIFIC STATEMENT: EXERCISE STANDARDS FOR TESTING AND TRAINING.

Decision rationale: The MTUS does not address the topic. No clinical progress note clearly detailing the nature of the test was provided. While the American Heart Association (AHA) does note that the indications for cardiac stress testing can include establishing the diagnosis of coronary artery disease, determining myocardial viability before revascularization, and/or evaluating cardiac risks before non-cardiac surgery, in this case, no clear rationale for the test in question was provided. It is not clear why the cardiorespiratory stress testing in question was sought. Therefore, the request is not medically necessary.