

<b>Case Number:</b>	CM13-0065235		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Washington DC and Virginia. 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:

This is a 40 year old female who sustained multiple injuries on August 6, 2012 after she was pushed against a pallet by a forklift. She then suffered from a right hip labral tear, low back pain and bilateral feet tendinitis. Most of the clinical documentation provided is prior utilization review for a variety of conditions. The patient had an MRI of lumbar spine on August 15, 2012 which showed posterior disc bulges at L2-3, L304 and L5-S1 and mild left neural foraminal narrowing at L4-5. EMG/NCV by [REDACTED] on February 18, 2013 showed no lumbosacral radiculopathy, plexopathy or peripheral nerve entrapment. The patient had persistent pain despite multiple interventions. In another evaluation on November 4, 2013 the patient was noted to have left foot pain and right hip pain and required a cane for ambulatory support. She was noted be overweight by calculation of her body mass index. She was noted to have diabetes. She was noted to have FSBS (finger stick blood sugar) of 123 and 132 on October 8, 2013 and November 4, 2013. She was noted to yet make lifestyle modifications or medication adjustment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FASTING BLOOD GLUCOSE (FBS):** 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) Online Edition, Diabetes Fasting Plasma Glucose test (FPG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ODG, Diabetes Chapter

**Decision rationale:** Per ODG, FPG (fasting plasma glucose test) is recommended for diagnosis of types 1 and 2 diabetes in children and nonpregnant adults. (Zhou, 2009). Also, called the fasting blood glucose test, this method of diagnosis is preferred because it is easy to administer, well-tolerated, inexpensive, reproducible and patient friendly. FPG performance as a diagnostic test can be affected by many factors that are clearly stated as risk factors for diabetes mellitus. These data emphasize how the interpretation of a diagnostic test varies as the patient characteristics vary. (Karakay 2007). This patient had known diabetes and required FPG testing for monitoring purposes. She was noted to have two readings and these were recorded. One was found to be 132 and this was submitted as the request, "FBS 132". This patient has established disease and an indication for the testing. It is medically reasonable and medically indicated.