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| Case Number: | CM13-0072232 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 03/06/2007 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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, has a subspecialty in Pulmonary Diseases 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 44 year old male who reported a lifting injury to his low back. Within the clinical note dated 10/11/2013 the injured worker reported a prescribed medication list of Levaquin, Amox-elav, Methacarbamol, Naproxen, Carisoprodol, Ibuprofen, Tramadol, APAP, Oxaprozin, Meloxicam, Lisinopril, Amlodipine, Enalapril, Denazepiril, Atenolo, Omeprazole, Fluoxetine, and Nortriptyline. Physical exam reported a history of hypertension, shortness of breath, abdominal pain, acid reflux, nausea, constipation, bright red blood per rectum, and weight gain. The request for authorization was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FASTING LABS (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952255>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Fasting Plasma Glucose Test.

Decision rationale: The Official Disability Guidelines recommend a fasting glucose test for diagnosis of types 1 and 2 diabetes in children and nonpregnant adults. 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. Fasting plasma glucose performance as a diagnostic test can be affected by many factors that are clearly stated as risk factors for diabetes mellitus. However, the request does not specify which fasting tests that are requested. Moreover, if the test was for a fasting glucose the submitted documentation does not present any findings that indicate the medical necessity to run such a test. Hence, the request is not medically necessary.