

<b>Case Number:</b>	CM14-0003613		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/09/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 Physician 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 60-year-old female who reported an injury on 01/09/2007 secondary to an unknown mechanism of injury. Her diagnoses include cervical radiculopathy, thoracic disc herniation, lumbosacral pain, bilateral knee pain, bilateral upper extremity pain, and carpal tunnel syndrome. According to the medical records submitted for review, the injured worker has been treated previously with epidural steroid injections and medications. She also underwent a left carpal tunnel release in 2009 and a right carpal tunnel release in 06/2010. The injured worker was evaluated on 11/20/2013 and reported low back pain radiating to the legs bilaterally with associated numbness and weakness. She also reported radicular pain in the arms bilaterally. On physical examination, the injured worker was noted to have 3/5 strength in the bilateral thumb abductors, bilateral wrist extensors, and the bilateral wrist flexors. She was also noted to have positive Tinel's signs bilaterally at the wrists and elbows, as well as tenderness to palpation over facet joints at C3-4, C4-5, and C5-6. It was noted that she had no abnormal endocrine findings and no endocrine related symptoms. Her family history was noted to be unremarkable, and her past medical history was noted to include a fracture of the left foot. The injured worker's current medications were noted to include aspirin, naproxen, Percocet, Butrans, Lipitor, tizanidine, atenolol, Protonix, and fluocinonide cream. The injured worker was recommended for continued medications, continued home exercise program, and a hemoglobin A1C laboratory test. The documentation submitted for review failed to provide a Request for Authorization Form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HGA1C LABORATORY TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTP://WWW.LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CMP/GLANCE.HTML](http://www.labtestsonline.org/understanding/analytes/cmp/glance.html).

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

**Decision rationale:** The request for HGA1C Laboratory Test is not medically necessary. The medical records submitted for review failed to provide a rationale regarding the request for hemoglobin A1C laboratory test. The Official Disability Guidelines recommend A1C testing at least twice yearly in all injured workers with diabetes mellitus for long-term assessment of blood glucose levels. These guidelines do not recommend continuous glucose monitoring for routine use. According to the clinical note submitted for review, the injured worker's family history was noted to be unremarkable, and past medical history was noted to include a fracture of the left foot. A review of systems noted that the injured worker had no abnormal endocrine exam findings or endocrine related symptoms. There were no anti-diabetic medications listed in the injured worker's active medications, nor were there prescribed medications known to increase glucose levels. There is a lack of documented evidence to indicate that the injured worker has diabetes or a family history of diabetes. There are no exceptional factors documented to establish the necessity of a hemoglobin A1C laboratory test at this time. As such, the request for HGA1C Laboratory Test is not medically necessary.