MAXIMUS Federal Services

Case Number:	CM14-0101832		
Date Assigned:	09/24/2014	Date of Injury:	01/21/2009
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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:

Patient is a 47 year-old female with date of injury 01/21/2009. The medical document associated with the request for authorization, a consulting treating internist's progress report, dated 06/03/2014, lists subjective complaints as gradual onset of constant episodes of moderate bilateral upper quadrant abdominal pain, described as crampy, radiating to the back. Objective findings: Gastrointestinal: abdominal pain and acid reflux symptoms, but no diarrhea, no constipation, no anorexia, no heartburn, no abdominal bloating, no dysphagia, no change in stool and no nausea or vomiting. The abdomen was soft, non-tender and was negative for masses. Diagnosis: 1. Abdominal pain 2. Gastroesophageal reflux 3. Morbid obesity 4. Fatty liver. The claimant covered body parts as a result of her industrial injury are bilateral knees and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hemoglobin A1C 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 TWC Online Edition Chapter: Diabetes Glucose Monitoring

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Page(s): 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). However, the MTUS does not support the treatment of non-occupational conditions. The medical record fails to explain why Hemoglobin A1C testing is related to the patient's occupational condition. Hemoglobin A1C level is not medically necessary.

1 Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Local Medial Review Policy Comprehensive Metabolic Panel Policy Number A98-07 Description 80053

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23, Page(s): Page 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). However, the MTUS does not support the treatment of non-occupational conditions. The medical record fails to explain why a Comprehensive Metabolic Panel is related to the patient's occupational condition. The Comprehensive Metabolic Panel is not medically necessary.

Sedimentation Rate Blood Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.gov the erythrocyte sedimentation rate Guidelines for rational use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23, Page(s): Page 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). However, the MTUS does not support the treatment of non-occupational conditions. The medical record fails to explain why a Sedimentation Rate is related to the patient's occupational condition. A Sedimentation Rate is not medically necessary.