

Case Number:	CM14-0107410		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2012
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 58-year-old with a reported date of injury of 09/28/2012. The patient has the diagnoses of concussion, headache, cervical myalgia, cervical myospasm, cervical disc herniation, thoracic myalgia, thoracic myospasm, lumbar myalgia, lumbar myospasm, lumbar radiculitis and abdominal pain. Per the progress notes submitted by the primary treating physician for review dated 04/21/2014, the patient had complaints of low back pain radiating to the bilateral lower extremities with weakness, blurred vision, headache and untreated diabetes mellitus. The physical exam noted lumbar decreased range of motion with tenderness to palpation. EMG/NCV studies were reported to show diabetic neuropathy. Treatment plan recommendations included referral to general surgery for abdominal pain, glaucoma specialist for blurred vision and internist for diabetic management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Internist for DM management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Diabetes, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes

Decision rationale: The California MTUS and the ACOEM do not specifically address diabetes. The Official Disability Guidelines state that evaluation and management of outpatient visits to offices of medical doctors play a critical role in the proper diagnoses and return to function of an injured worker and they should be encouraged. The California MTUS and the ACOEM also encourage referral to specialist when it would help in the treatment of a patient. In this case the patient has the diagnoses of diabetes and diabetic neuropathy. The primary treating physician is listed as an orthopedic specialist. The treatment of diabetes would be expected to be outside of this physician's scope of medicine. Therefore a referral to treat diabetes by a physician who specializes in this disease state would be reasonable and the request is certified.