

Case Number:	CM14-0013543		
Date Assigned:	02/26/2014	Date of Injury:	05/23/1988
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Utah. 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 72 year-old male. The patient's date of injury is 5/23/1988. The mechanism of injury is reported as reaching down to pick up fare dropped by a passenger. The patient has been diagnosed with Chronic Pain, Lumbago, Sleep Disturbance, Testicular Hypo-function and Generalized Anxiety Disorder. The patient's treatments have included medications, imaging studies. The physical exam findings show weakness in both legs, and pain is noted as 3/10. He has difficulty rising from a chair. There is pain reported that radiates into the right and left leg. The back pain is made worse by extension and flexion of the back and hip. Medications include, but are not limited to, Suboxone, Trazodone, and Testosterone. The request is for a two hour glucose tolerance test.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO HOUR GLUCOSE TOLERANCE TEST (GTT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com, Screening For Type 2 Diabetes Mellitus

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is no specific recommendation for the above labs, thus other references as outline above, were used. The request is for a two hour glucose tolerance test. There is a lack of documentation in the clinical notes on the reason for the testing. Only that the testing is ordered. According to the clinical documentation provided and current MTUS guidelines; a two hour glucose tolerance test is not indicated as a medical necessity to the patient at this time.