

Case Number:	CM14-0061605		
Date Assigned:	07/09/2014	Date of Injury:	09/13/2003
Decision Date:	08/13/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 62-year-old female who was injured on 9/13/03. The mechanism of injury was noted as hospitalization due to acute pancreatitis. The most recent progress note, dated 4/8/14, indicated that there were ongoing complaints of abdominal pain improving. The physical examination noted lungs clear to auscultation, heart regular rate and rhythm with no rubs or gallops/murmurs noted. The abdomen was obese with an 8 inch right lower quadrant scar noted, cesarean-section with umbilical scars, 2+ epigastric tenderness to palpation, and no guarding. Extremities were 2+ bilateral lower extremity edema and non-pitting. There were no other significant findings on physical examination. No recent diagnostic studies were available for review. Previous treatment included inpatient hospitalization, modified duty and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: Treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. When noting the claimant's multiple medications with abuse potential, there was a clear clinical indication for the use of urine drug screening for the management of this individual's chronic pain. After reviewing the medical records provided, the documentation did not indicate that the claimant is currently utilizing any controlled substances, or that the clinician intended to provide the claimant with controlled substances. As such, the request is considered not medically necessary.

FASTING LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Diabetes Procedure Summary.

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

Decision rationale: Fasting labs are recommended for diagnosis of types 1 and 2 diabetes in children and non-pregnant 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. After review of the medical records provided, it was noted the injured worker had a diagnosis of diabetes; however, there were questions concerning this condition being a work-related injury. Therefore, at this time, the request for fasting labs is deemed not medically necessary.

ACCU-CHEK BLOOD GLUCOSE 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.

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

Decision rationale: Fasting labs are recommended for diagnosis of types 1 and 2 diabetes in children and non-pregnant 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. After review of the medical records provided, it was noted the injured worker had a diagnosis of diabetes; however, there were questions concerning this condition being a work-related injury. Therefore, at this time, the request for fasting labs is deemed not medically necessary.