

<b>Case Number:</b>	CM14-0094344		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 55year old man with a work-related injury dated 3/29/10 resulting in chronic low back and elbow pain. His diagnosis includes Diabetes Mellitus, hypertension, obesity and sleep disorder. During evaluation on 12/27/13 he is noted by the provider to be normotensive with uncontrolled blood sugar. The medical record shows that diabetic and fasting labs were drawn on 7/30/13 and 12/27/13. The labs drawn on 7/30/13 included a HgbA1c that was uncontrolled at 11% and a fasting lipid panel indicating his lipids were effectively treated. An LDL cholesterol was 42 and an HDL was 44. On 6/3/14 fasting labs with a hypertension profile were requested. The coverage of these labs was denied during utilization review dated 6/10/14. The progress notes corresponding to the requested services were not included in the medical record for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fasting Labs/HTN profile:** 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 Other Medical Treatment Guideline or Medical Evidence: WWW.Uptodate.com. Overview of hypertension in adults.

**Decision rationale:** The MTUS is silent regarding laboratory surveillance for fasting labs and hypertension. According to uptodate the initial laboratory work-up for a patient diagnosed with hypertension includes a hematocrit, urinalysis, routine blood chemistries (glucose, creatinine, electrolytes), and estimated glomerular filtration rate, lipid profile and electrocardiogram. In this case the patient is not newly diagnosed with hypertension. Furthermore he had a fasting lipid profile in 7/30/13 and "fasting labs" in 12/27/13. The lipid profile was to goal in 7/30/13 and not available for review in 12/27/13. The documentation doesn't specify the laboratory testing ordered 6/3/14. The patient did not have a new diagnosis of hypertension and given the order of fasting labs in 12/13 the labs ordered in 6/3/14 were not medically necessary.