

Case Number:	CM14-0209992		
Date Assigned:	12/23/2014	Date of Injury:	08/31/2006
Decision Date:	02/18/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 59-year-old woman with a date of injury of 08/31/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/09/2014 and 12/09/2014 indicated the worker was experiencing variable blood pressures and improved indigestion with medication. Documented examinations consistently described no abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from hypertension, a heart arrhythmia, and esophageal reflux. Treatment recommendations included medications and laboratory testing. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for the laboratory blood tests apolipoprotein A, apolipoprotein B, and glycosylated hemoglobin (HbA1c).

IMR ISSUES, DECISIONS AND RATIONALES

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

Apolipoprotein A and B: Glyco Hgb A1C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: McCulloch DK, et al. Overview of medical care in adults with diabetes mellitus. Topic 1750, version 34.0. UpToDate, accessed 01/06/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 02/11/2015. Rosenson RS, et al. Lipoprotein (a) and cardiovascular disease. Topic 4566, Version 19.0, UpToDate, accessed 02/11/2015. Rosenson RS, et al. Measurement of bl

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Glycosylated hemoglobin (measured with the blood test known as HbA1c) accurately estimates the amount of sugar that was in the bloodstream over the last two to three months. While certain conditions or factors can give falsely high or falsely low results, these are known and can be taken into account. Several large studies have shown glycemic control in the setting of diabetes can decrease heart complications, such as heart attacks, although the intensity of appropriate control remains controversial. Widely accepted Guidelines support testing those with diabetes at least twice yearly if their sugar control appears to be meeting the individualized goals and at least quarterly otherwise. Target goals for this test should also be appropriately individualized. Apolipoproteins are involved with carrying cholesterol and fats in the blood and may play an indirect role in the process that causes clogged heart arteries. The literature supports guidelines, including the 2010 American College of Cardiology Foundation/American Heart Association Guideline that recommend against routine monitoring of these blood tests in people with heart issues and/or those with high blood pressure. The submitted documentation did not discuss any symptoms or findings that suggested a need for this laboratory test. The submitted and reviewed documentation concluded the worker had high blood pressure, among other issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the laboratory blood tests apolipoprotein A, apolipoprotein B, and glycosylated hemoglobin (HbA1c) is not medically necessary.