

Case Number:	CM15-0135948		
Date Assigned:	07/23/2015	Date of Injury:	08/13/2013
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 74-year-old male who sustained an industrial injury on 8/13/13 from cumulative trauma with symptoms developing gradually in the neck, shoulders, wrists, lower back, knees and ankles. He currently complains of constant, burning radicular neck pain and muscle spasms with numbness and tingling of bilateral upper extremities and a pain level of 4/10; constant, burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms and a pain level of 3-4/10; constant, burning bilateral wrist pain and muscle spasms with a pain level of 3-4/10; constant, burning radicular low back pain and muscle spasms associated with numbness and tingling of bilateral lower extremities; burning bilateral knee pain and muscle spasms (4/10); burning bilateral ankle pain and muscle spasms (4/10). On physical exam of the cervical spine there was tenderness to palpation at the suboccipital region and over the trapezius and scalene muscles, decreased range of motion; bilateral shoulder exam revealed tenderness on palpation, decreased range of motion; bilateral wrist exam revealed tenderness to palpation; lumbar spine revealed tenderness to palpation and decreased range of motion; bilateral knees were tender to palpation with decreased range of motion; bilateral ankles had tenderness to palpation. Medications were deprizine, dicopanol, Fanatrex, Synapryn, tabradol, cyclobenzaprine, Ketapofen cream. Medications offer temporary pain relief and allow him to have restful sleep. Diagnoses include diabetes; hypertension (both diagnosed prior to industrial accident per 6/22/15 note); depression, anxiety; insomnia; cervical spine herniated nucleus pulposus; cervical radiculopathy; bilateral shoulder internal derangement; bilateral wrist sprain/strain; bilateral wrist tenosynovitis; lumbar spine herniated nucleus pulposus; lumbar

radiculopathy; bilateral knee internal derangement; bilateral ankle sprain/ strain. Treatments to date include medications, which offer temporary relief of pain; acupuncture; physical therapy; shockwave therapy. On 6/22/15 the treating provider requested venipuncture; glucose reagent strips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venipuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, venipuncture is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are diabetes mellitus and hypertension. The date of injury is August 13, 2013. Request authorization is dated June 24, 2015. According to a June 17, 2015 initial internal medicine evaluation, the injured worker presents with subjective complaints of back, shoulder and neck pain with numbness in the hands and feet. Objectively, blood pressure is 194/108 on the right and 211/112 on the left. The treating provider documents diabetes mellitus and hypertension were diagnosed prior to the industrial injury. There is no documentation establishing a causal relationship industrial injury to the hypertension and diabetes. Additionally, the injured worker ran out of hypertensive medications six months ago. The injured worker was referred to the emergency room for prompt treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of causation, venipuncture is not medically necessary.

Glucose-Reagent strip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes (updated 05/06/15)- Online version Glucose monitoring.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, glucose-reagent strip is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are diabetes mellitus and hypertension. The date of injury is August 13, 2013. Request authorization is dated June 24, 2015. According to a June 17, 2015 initial internal medicine evaluation, the injured worker presents with subjective complaints of back, shoulder and neck pain with numbness in the hands and feet. Objectively, blood pressure is 194/108 on the right and 211/112 on the left. The treating provider documents diabetes mellitus and hypertension were diagnosed prior to the industrial injury. There is no documentation establishing a causal relationship industrial injury to the hypertension and diabetes. Additionally, the injured worker ran out of hypertensive medications six months ago. The injured worker was referred to the emergency room for prompt treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of causation, glucose-reagent strip is not medically necessary.