MAXIMUS Federal Services

Case Number:	CM15-0143241		
Date Assigned:	08/04/2015	Date of Injury:	07/25/2006
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, Texas
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 51 year old female, who sustained an industrial injury on 7-25-2006. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include gastroesophageal reflux disease (GERD) secondary to NSAIDS, Gastritis secondary to NSAIDs, irritable bowel syndrome, status post H. pylori treatment, and diabetes mellitus, status post cervical surgery and status post lumbar surgery. Currently, she complained of pain in the neck and low back with radiation to lower extremities. She reported improved gastroesophageal symptoms and improved gastritis. On 4-30-15, the physical examination documented right upper quadrant tenderness and distension. A non-fasting blood glucose was 115mg/dL. The appeal requested authorization for accu-check blood glucose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accu check blood glucose: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version.

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

Decision rationale: The MTUS is silent regarding the monitoring of blood glucose in a patient diagnosed with diabetes. According to UptoDate.com, patients with type 2 diabetes treated with sulfonylureas or meglitinides, which can also cause hypoglycemia, should be tested once to twice per day during titration of their doses, but after a stable dose and target glycemic targets are achieved, may only need to test several times per week, usually in the morning or before dinner. All insulin and sulfonylurea patients need to test more frequently before and during long car rides, during sick days, and when there are changes in diet and exercise patterns. In this case the patient has a diagnosis of diabetes and is treated with metformin. The documentation doesn't support that the patient was having any symptoms associated with hyper or hypoglycemia. The documentation doesn't note that the patient is taking a medication that commonly causes hypoglycemia. The medical necessity for testing for the blood glucose is not medically necessary.