

Case Number:	CM15-0206836		
Date Assigned:	10/23/2015	Date of Injury:	07/02/2011
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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:

He injured worker is a 44 year old male who sustained an industrial injury on 7-2-11. The medical records indicate that the injured worker has been treated for acid reflux; constipation; hypertension; sleep disorder; H. pylori; elevated liver enzymes; fecal incontinence, secondary to cauda equine syndrome; orthopedic diagnosis; psychiatric diagnosis; urology diagnosis. He currently (8-13-15) notes unchanged sleep quality, improvement in constipation and controlled acid reflux with medications. The 9-15-14 internal medicine exam revealed tenderness to palpation over the paraspinal area of the dorsolumbar spine with decreased range of motion; upper and lower extremities were neurologically intact. There was evidence of a large left paramedian disc protrusion at L5-S1 with severe canal stenosis and the injured worker has residual urinary hesitancy and associated incontinence. In the 8-13-15 note the injured worker was instructed to follow a course of sleep hygiene and to keep blood pressure and bold sugar diaries. Diagnostics include body composition study (8-13-15). Treatments to date include medication: Prilosec, Colace, Nexium. There were no laboratory evaluations of blood sugars and no diagnosis of diabetes present. The request for authorization dated 8-13-15 was for body composition study; accu-chek #1. On 10-8-15 Utilization review non-certified the request for body composition study; accu-chek #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body Composition Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/420154>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. (The National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity (NAASO), National Institute of Health Obesity Guideline)

http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf, accessed on 12/06/2015. Jensen MD, et al. 2013 AHA/ACC/TOS Obesity Guideline. J Am Coll Cardiol 2013. Overweight and obese adults - lifestyle weight management, National Institute for Health and Care Excellence (NICE). <http://guidance.nice.org.uk/PH53>, accessed on 12/06/2015.

Decision rationale: The MTUS Guidelines recommend that some workers with chronic pain may benefit from multidisciplinary pain programs or interdisciplinary rehabilitation programs that are proven to have successful outcomes for those with conditions that put them at risk of delayed recovery. Evidence-based Guidelines emphasize the importance of a thorough assessment of patients requiring weight loss before prescribing treatment. Some recommended elements include an in-depth review of the person's medical history, history of weight loss and gain, current diet, current exercise level, prior treatments for weight loss and their results, a detailed examination, a thorough exploration of exacerbating issues, a stratification of the current degree of excess weight, and an individualized review of appropriate goals. Treatment plans should then be based on this detailed assessment. The submitted and reviewed documentation indicated the worker experiencing problems sleeping and constipation. There were no detailed assessments of the worker's weight as emphasized in evidenced-based Guidelines, documentation of the worker's height or body mass index (a marker of the height: weight ratio), or description of special circumstances that sufficiently supported this request. Further, the request was for an unspecified study, which would not allow for a determination of medical need. For these reasons, the current request for an unspecified body composition study is not medically necessary.

Accu-Check quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online (<http://labtestsonline.org/understanding/analytes/glucose/tab/glance>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCulloch DK, et al. Blood glucose self-monitoring in management of adults with diabetes mellitus, Topic 1781, Version 19.0. UpToDate accessed 10/11/2015. American Diabetes Association. Standards of medical care in diabetes 2014. Diabetes Care 2014; 37(suppl 1): S1.

Decision rationale: Glucose testing is a screening tool used to look at the amount of a sugar, or glucose, in the blood. The MTUS Guidelines are silent on this issue. The general benefit of self-monitoring blood glucose levels remains controversial in the literature. The ADA Guideline and available literature support its use for some people with diabetes as one part of the care plan. The submitted and reviewed documentation indicated the worker experiencing problems sleeping and constipation. These records did not suggest the worker had a blood sugar issue, discuss how well the worker's blood sugar was controlled, indicate the reason this type of testing was needed, or describe special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an accu-check is not medically necessary.