

Case Number:	CM15-0207340		
Date Assigned:	10/26/2015	Date of Injury:	07/13/2009
Decision Date:	12/31/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on 7-13-09. The injured worker was diagnosed as having cervical spine strain, right shoulder injury, diabetes and hypertension. Subjective findings (3-11-15, 5-13-15 and 7-8-15) indicated low back and neck pain and generalized weakness. Objective findings (3-11-15, 5-13-15 and 7-8-15) revealed negative CVA tenderness bilaterally and moderate lumbar spine paraspinal muscle spasms and tenderness. The treating physician noted the injured worker's hemoglobin A1C from 6-30-15 was 11.4. As of the PR2 dated 8-26-15, the injured worker reports low back and neck pain. She has been taking all her medications without side effects. Objective findings include mild to moderate cervical and lumbar paraspinal muscle spasms and tenderness with mild decreased range of motion. The treating physician noted the injured worker's hemoglobin A1C from 8-5-15 was 11.0 and recommended at repeat hemoglobin A1C and CMP done in 2 months. There was no documentation of daily blood sugars or diet re-education and carbohydrate monitoring. Treatment to date has included Metformin, Glipizide, Lantus, Neurontin, Losartan and Protonix. The Utilization Review dated 9-25-15, non-certified the request for pharmacological management x 1, a hemoglobin A1C, a CMP, Protonix 20mg #30 and transcription x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: office visit.

Decision rationale: Ca MTUS is silent on this topic. According to ODG guidelines, outpatient visits are recommended but states it should be individualized to patients based on their medical needs. The IW has been having her chronic medical conditions, such as her diabetes mellitus, managed by a family medicine practitioner. At the last office visit, the IW reports feeling well following her last medication adjustment. The IW has regularly scheduled office visits on a bimonthly schedule. It is unclear from the documentation what a pharmacological management request entails. The last provider note does not suggest any diagnostic or treatment uncertainty or request for specialty input. Without the support of the documentation, a request for pharmacologic management is determined not medically necessary.

Hemoglobin A1c qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
<http://www.guideline.gov/content.aspx?id=34166&search=a1c>.

Decision rationale: CA MTUS and ODG are silent on this topic. Glyco-hemoglobin A1C is a laboratory test used to measure the glycemic control in individuals with diabetes mellitus. The laboratory study may also be used for the diagnosis of diabetes. The IW has diagnoses of diabetes and has ongoing management and adjustment to medications. The IW reports feeling better following latest adjustments, but does not report finger stick blood glucose levels. There is no food journal. The guidelines recommend "HbA1c testing should be performed at least biannually in all patients and quarterly for patients whose therapy has changed or who are not meeting treatment goals." The records include 2 Hb A1c results in the records. Diabetes medications were adjusted at the last documented office visit. As such, the request is consistent with the guidelines and is therefore determined medically necessary.

Comprehensive Metabolic panel qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/search?search=laboratory+test+screening>.

Decision rationale: CA MTUS and ODG are silent on this topic. Submitted documentation states the IW had laboratory studies, which included a chemistry panel completed in May 2015. The results of these tests were not discussed. There are no new medical diagnoses since this time included in the records. Furthermore, there are no new subjective or objective findings in the record to indicate a need for laboratory testing. It is not a clear rationale or discussion of medical condition to support the request for repeat testing. Without this information or clear indication, the request for a comprehensive metabolic panel is determined not medically necessary.

Protonix 20mg qty 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.

Transcription qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Office Visit.

Decision rationale: Ca MTUS is silent on this topic. According to ODG guidelines, outpatient visits are recommended but states it should be individualized to patients based on their medical needs. The IW has been having her chronic medical conditions, such as her diabetes mellitus, managed by a family medicine practitioner. At the last office visit, the IW reports feeling well follow her last medication adjustment. The IW has regularly scheduled office visits on a bimonthly schedule. Documentation and transcription of office appointments is considered an expected part of an office visit and not an additional billable service. As such, the request for transcription is determined not medically necessary.