MAXIMUS Federal Services

| Case Number: | CM14-0095163 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2014 | Date of Injury: | 04/20/2008 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 06/01/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 records presented for review indicate that this 62-year-old female was reportedly injured on April 20, 2008. The most recent progress note, dated June 6, 2014, indicates that there were ongoing complaints of low back pain, rated at 6/10, radiating down both lower extremities. The physical examination demonstrated an antalgic gait favoring the left lower extremity and the inability to perform a heel/toe walk. There was tenderness of the lumbar spine paraspinal muscles and the facet joints from L4 through S1. There was a positive bilateral Faber's test and sacroiliac thrust test. Decreased lumbar spine range of motion was noted and there was decreased sensation bilaterally from L4 through S1 Previous treatment includes lumbar spine surgery and oral medications. A request had been made for a hemoglobin A1C, a hypertension profile, and a gastrointestinal profile and was not certified in the pre-authorization process on June 1, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Glyco A1C:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Academy of Clinical Biochemistry (NACB) 2011, Page 104 (378 references), Prediabetes Screening

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://files.medi-cal.ca.gov/pubsdoco/dur/articles/dured_16_hemog.asp

**Decision rationale:** According to the American Diabetes Association a hemoglobin A1C test should be performed twice a year in patients that are at their glycemic goal and have a stable metabolic status. The injured employee's last A1C testing was performed in 2012. Considering this, this request for a Glyco A1C test is medically necessary.

**Hypertension (HTN) Profile:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/ency/article/000204.htm

**Decision rationale:** According to the National Library of Medicine, many different exams and tests can be preformed to test for hypertension. This request does not indicate which laboratory testing is being requested for the hypertension profile. Without additional clarification and justification, the request for a hypertension profile is not medically necessary.

**Gastrointestinal (GI) Profile:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://ucsdlabmed.wikidot.com/chapter-5

**Decision rationale:** It is unclear from this request what laboratory testing is requested with a gastrointestinal profile. Without specific clarification and justification, this request for a gastrointestinal profile is not medically necessary.