

<b>Case Number:</b>	CM15-0005998		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/06/2007
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 57 year old female, who sustained an industrial injury on 6/6/07. She has reported pain in bilateral knees and ankles. The diagnoses have included diabetes, hypertension, displacement lumbar intervert disc without myelopathy and left shoulder sprain . Treatment to date has included diagnostic studies, physical therapy, oral medications and left knee surgery. As of the progress note on 11/20/14 by [REDACTED], the injured worker reports abdominal pain, constipation and difficulty sleeping. The physician noted that the stress from the industrial incident is aggravating the injured workers diabetes, hypertension and gastric reflux. The treating physician is requesting an evaluation and treatment by [REDACTED] and laboratory panels for diabetes, hypertension, vitamin D 25-OH and urinalysis. On 12/22/14 Utilization Review modified a request for an evaluation and treatment by [REDACTED] to an evaluation only and modified a request for laboratory panels for diabetes, hypertension, vitamin D 25-OH and urinalysis to a CMP and urinalysis only. The UR physician cited the ODG guidelines for pain and a peer reviewed non-commercial patient centered on-line site. On 1/12/15, the injured worker submitted an application for IMR for review of an evaluation and treatment by [REDACTED] and laboratory panels for diabetes, hypertension, vitamin D 25-OH and urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs (DM, HTN, D 25-OH and Urinalysis profiles): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestonline.org/understanding//analytes/urinalysis/tab/test>

**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, labs for diabetes, hypertension, vitamin D 25 OH, and urine analysis are not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical exam serve to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses (medical diagnoses from consultant) are constipation/diarrhea, rule out IBS; possible hemorrhoids, currently asymptomatic; gastritis and internal hemorrhoids per endo/colonoscopy; diabetes mellitus, triggered by work injury; HTN with diastolic dysfunction, triggered by work-related injury; hyperlipidemia; sleep disorder, r/o OPA; hypertensive, arteriosclerotic retinopathy; increased uric acid, f/u with PCP. Subjectively, the injured worker reports improved abdominal pain and acid reflux. She still has difficulty sleeping and reports her diabetes has improved. She still complains of anxiety and depression. Objectively, vital signs are normal. Blood sugar was 109. Lungs were clear, Heart examination showed a regular rate and rhythm. [REDACTED], the consultant, ordered these tests. Lab results from August 27, 2014 documented in the medical record. Glucose was 118 (borderline). The documentation does not contain any clinical rationale or clinical indications to repeat labs for diabetes, hypertension, vitamin D and a urine analysis. There is no documentation that establishes a causal relationship of the work injury to these medical problems (that predated the injury). Consequently, absent clinical documentation to establish a causal relationship between medical problems (diabetes, hypertension) and a clinical rationale/indication to repeat these labs for diabetes hypertension, vitamin D and the urine analysis, labs for diabetes, hypertension, vitamin D 25 OH, and urine analysis are not medically necessary.

**Treatment by [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, treatment with [REDACTED] is not medically necessary. Consultation is designed to aid in the diagnosis,

prognosis and treatment of the patient. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are constipation/diarrhea, rule out IBS; possible hemorrhoids, currently asymptomatic; gastritis and internal hemorrhoids per endo/colonoscopy; diabetes mellitus, triggered by work injury; HTN with diastolic dysfunction, triggered by work-related injury; hyperlipidemia; sleep disorder, r/o OPA; hypertensive, arteriosclerotic retinopathy; increased uric acid, f/u with PCP. Subjectively, the injured worker reports improved the Domino pain and as reflux. She still has difficulty sleeping and reports her diabetes has improved. She still complains of anxiety and depression. Objectively, vital signs are normal. Blood sugar was 109. Lungs were clear, Heart examination showed a regular rate and rhythm. Lab results from August 27, 2014 documented in the medical record. Glucose was 118 (borderline). The documentation does not contain any clinical rationale or clinical indications to repeat labs for diabetes, hypertension, vitamin D and a urine analysis. There is no documentation that establishes a causal relationship of the work injury to these medical problems which predated the injury. There is no clinical documentation to establish a causal relationship between medical problems (diabetes, hypertension) and a clinical rationale to repeat these labs for diabetes hypertension, vitamin D and the urine analysis. Consequently, the lab testing for diabetes, hypertension, vitamin D and a urine analysis are not medically necessary and, as a result, a follow-up examination with [REDACTED] is not medically necessary.