

Case Number:	CM15-0016743		
Date Assigned:	02/05/2015	Date of Injury:	03/05/2001
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male who sustained a work related injury on March 5, 2001, where he incurred back injuries while lifting a heavy box weighing 200 pounds. Diagnostic imaging was unremarkable. Treatment included pain medication, physical therapy, orthopedic and psychiatric consultations. Diagnoses included disc disease, paresthesias of the bilateral upper and lower extremities, gastroesophageal reflux disease, irritable bowel syndrome, urinary incontinence and sleep apnea related to the work injury. Diagnoses included lumbar spine radiculitis, lumbar disc disease, stress and depression. Treatments included home exercise program, multiple pain medications, and topical analgesic. On January 12, 2015, a request for services: Accuchecks blood glucose test, abdominal ultrasound, laboratory services of uric acid, glucohemaglobin A1C, complete metabolic panel, lipid panel, urine micro albumin, Thyroid Stimulating Hormone (TSH), T3, T4, amylase, lipase and H-pylori AB, were non-certified by Utilization Review, noting CA Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accu-Check blood glucose test: 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), Glucose monitoring

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines diabetes chapter, glucose monitoring

Decision rationale: This patient presents with paresthesia of the bilateral upper and lower extremities, gastroesophageal reflux disease, gastritis, irritable bowel syndrome, hemorrhoids, diabetes mellitus, hypertension, hyperlipidemia, and obstructive sleep apnea. The request is for Accu-chek blood glucose test on 12/03/14. The patient's work status is deferred to the primary treating physician per 12/03/14. MTUS does not address Accu-chek blood glucose test. ODG guideline diabetes chapter discuss glucose monitoring and it states recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. Current glucose monitoring strategies can be classified into 2 categories: patient self-monitoring, which would allow patients to change behavior (diet or exercise) or medication dose (most often insulin), or long-term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. In this case, the patient is diagnosed with diabetes mellitus. Per 12/03/14 report, the treater noted that an Accu-Chek blood glucose test was performed during the office visit but does not discuss the result. The treater does not explain why this was necessary and in what way it helped manage the patient's diabetic condition. The request IS NOT medically necessary.

Abdominal ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Ultrasound (Sonography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of radiology (ACR) guidelines

Decision rationale: This patient presents with paresthesia of the bilateral upper and lower extremities, gastroesophageal reflux disease, gastritis, irritable bowel syndrome, hemorrhoids, diabetes mellitus, hypertension, hyperlipidemia, and obstructive sleep apnea. The request is for Abdominal Ultrasound on 12/03/14. The patient's work status is deferred to the primary treating physician per 12/03/14. MTUS, ACEOM and ODG guidelines do not address Abdominal Ultrasound. Am College of Radiology (ACR) guidelines on U/S of Abdomen indications include abdominal, flank, and/or back pain, palpable abnormalities of the abdomen, abnormal lab values, search for mets, abdominal trauma, etc. Per 12/03/14 report, the patient presents with abdominal complaints along with the physical exam that showed right upper quadrant tenderness to palpation. The requested U/S of abdomen appear reasonable. The reports do not show prior study. The request IS medically necessary.

Labs (Uric Acid, Gluco hemoglobin A1C, CMP, CBC, Lipid Panel, Urine micro Albumin, TSH, T3, T4, Amylase, Lipase, H-pylori AB): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 164, 286.

Decision rationale: This patient presents with paresthesia of the bilateral upper and lower extremities, gastroesophageal reflux disease, gastritis, irritable bowel syndrome, hemorrhoids, diabetes mellitus, hypertension, hyperlipidemia, and obstructive sleep apnea. The request is for LABS (URIC ACID, GLUCO HEMOGLOBIN, A1C, LIPID PANAL, URINE MICRO ALBUMIN, TSH, T3, T4, AMYLASE, LIPASE, H-PYLON, AB) on 12/03/14. The patient's work status is deferred to the primary treating physician per 12/03/14. ACOEM chapter 8 for the neck and upper back, Master Algorithm on page 164, recommends laboratory studies if there are red flags for fracture, tumor or infection. On page 165 it says "In the absence of red flags, imaging and other tests are not usually helpful during the first four weeks of neck and upper back symptoms." Table 8-1 provides history and exam findings for fracture, tumor and infection. These would include history of direct blow to head, excessive force to neck, loss of consciousness, thrown from a vehicle. ACOEM chapter 12, low back, Master Algorithm, page 286, shows labs studies are necessary if there are red flags for infection, tumor, fracture, dislocation, renal or bowel disease. Patient remains permanent and stationary since 2010. In this case, the patient presents with significant abdominal issues including GERD, gastritis, tenderness and pain. The requested list of labs appear medically reasonable for basic laboratory work up. The review of the reports do not show that labs have been done. The request IS medically necessary.