

Case Number:	CM15-0110200		
Date Assigned:	06/16/2015	Date of Injury:	05/29/1990
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 61-year-old female who sustained an industrial injury on 05/29/1990. Diagnoses include diabetes mellitus, diabetic neuropathy and low back pain. Treatment to date has included medications and lab studies. According to the PR2 dated 4/21/15 the IW reported being in excruciating pain throughout every day. On examination, sensation was diminished to absent in the feet bilaterally and the lower legs, left greater than right. The documentation did not specify with which type of diabetes the IW was diagnosed. Hemoglobin A1c on 1/10/15 was 8.4 and on 4/8/15 was 7.5. A request was made for insulin syringe 1 ml 30g x 5/16" with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Insulin syringe 1 ml 30g x 5/16" #30 with 5 refills: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 61 year old female has complained of low back pain since date of injury 5/29/90. She has been treated with surgery, epidural steroid injections and medications. The current request is for Insulin syringe 1 ml 30g x 5/16" #30 with 5 refills. The available medical records do not document whether the patient has type I or type II diabetes. There is no documentation of the patient's blood glucose levels and whether or not the glucose levels failed to be controlled by oral anti-glycemic agents. On the basis of the available medical records and per the guidelines cited above, Insulin syringe 1 ml 30g x 5/16" #30 with 5 refills is not indicated as medically necessary.