

<b>Case Number:</b>	CM15-0173244		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/06/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, Hawaii  
 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 61-year-old male, who sustained an industrial injury on 8-6-04. Medical records indicate that the injured worker is undergoing treatment for lumbar and cervical disc disease, chronic pain syndrome, type II diabetes mellitus without mention of complication (not stated as uncontrolled) and low testosterone. The injured worker was noted to be permanently disabled. On (8-12-15) the injured worker complained of back pain rated 4 out of 10 and low-level neck pain. The injured worker was noted to check his blood sugars daily, which averaged in the low 100's. The injured workers last A1C in April of 2015 was noted to be in normal range. Treatment and evaluation to date has included medications, CT scan of the lumbar spine, MRI of the lumbar spine, testosterone injections, bilateral sacroiliac joint injections and medial branch blocks. Current medications include Testosterone Enanthate, Tizanidine, Gabapentin, Metformin, Norco, Advil and Cialis. Current treatment requests included one laboratory to include an A1C. The Utilization Review documentation dated 8-27-15 non-certified the request for one laboratory to include an A1C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lab to include A1C:** Overturned

**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 American Diabetes Association. Standards of medical care in diabetes, 2015. Diabetes Care. 2015; 38 (supply 1): S1-S93.

**Decision rationale:** The patient presents with pain affecting the neck and low back. The current request is for 1 Lab to include A1C. The treating physician report dated 8/12/15 (14C) states, "Checking sugars daily; they average in the low 100s. Last A1C in normal range in 4/15." The MTUS, ACOEM, and ODG guidelines do not address the current request, therefore, the 2015 American Diabetes Association Guidelines were referenced (American Diabetes Association. Standards of medical care in diabetes, 2015. Diabetes Care. 2015; 38 (supply 1): S1-S93), the American Diabetes Association 2015 guidelines allows testing of hemoglobin A1C at least 2 times a year in patients who are meeting treatment target and have stable glycemic control. In this case, the patient carries a diagnosis of diabetes type II, previous A1C level, which was taken on 4/15, was within the normal range. There is no mention of more than one A1C level this year. While it is not known if the IW's diabetes is part of the industrial injury, the IMR process only determines the medical necessity of a request. Whether a request is related to the industrial injury is beyond the scope of the IMR. The current request is medically necessary.