

Case Number:	CM15-0071217		
Date Assigned:	04/21/2015	Date of Injury:	10/25/2010
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male who sustained an industrial vehicular injury on 10/25/2010. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy and a medical history of diabetes mellitus and hypertension triggered/ aggravated by the work related injury. Treatment to date includes diagnostic testing including upper gastrointestinal series with air contrast and KUB on August 18, 2014, echocardiogram in September 2014, laboratory studies on October 14, 2104, cardio-respiratory diagnostic testing in June 2014, Ophthalmology consultation on October 3, 2014 and medications. According to the treating physician's progress report on February 9, 2105, the injured worker reports no change in abdominal pain and acid reflux, unchanged blood sugar and blood pressure and no change in sleep quality. Examination noted a blood pressure of 139/98 mmHg, Accu-check 114 mg/dl, Height 5 feet 8 inches and 190 pounds. Abdomen was soft with normoactive bowel sounds with +1 right upper quadrant pain. H. pylori breath test was positive. Current medications are listed as Lovaza, Metformin, Glipizide, Prev-Pak, Gabadone, Sentra AM and diabetic test strips. Treatment plan consists of following a diet of low cholesterol, low sodium and low glycemia and the current request for laboratory blood analysis for GI, hypertension and diabetes mellitus profiles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Gastrointestinal profile, hypertension profile, and diabetes mellitus profile: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing; Diabetes, glucose monitoring; Diabetes, Medications; Pain, Gabadone; Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>.

Decision rationale: Although the patient has a history of HTN and diabetes, there is no documentation of that the patient GI, diabetes and HTN profile. There is no documentation of end organ damage requiring the requested work up. The provider has to document the rationale behind the requested tests. Therefore, the request is not medically necessary.