

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0103838 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/27/2008 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, upper extremity pain, gastroesophageal reflux disease, and psychological stress reportedly associated with an industrial injury of December 27, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reported diagnosis with diabetes; and extensive periods of time off of work. In a Utilization Review Report dated June 4, 2014, the claims administrator apparently denied a request for GI and diabetes profile testing. The claims administrator based its decision on causation grounds, stating that diabetes and gastroesophageal reflux disease was not causally associated with the industrial injury. The claims administrator stated that the applicant's diabetes had been deemed non-industrial by a Medical-legal evaluator. The claims administrator did allude to earlier laboratory testing of April 22, 2014 which was notable for hemoglobin A1C of 6.3. The claims administrator stated that it was basing its decision on a May 21, 2014 progress note and associated RFA form. In a March 12, 2014 progress note, the applicant was described as having issues with obesity and chronic neck pain. Epidural steroid injection therapy was sought. In a May 21, 2014 progress note, the attending provider posited that the applicant's blood sugar was slightly suboptimally controlled with an average blood sugar of 120-140 fasting. The applicant was given diagnosis of gastritis status post H. pylori treatment, hypertension, hypertensive retinopathy, diabetes, obstructive sleep apnea, and sleep disturbance secondary to pain and psychological dysfunction. The applicant was using Hydrochlorothiazide, Nexium, Gaviscon, Colace, Simethicone, Probiotic, Aspirin, Vitamin D, Metformin, and AppTrim. Multiple medications were refilled. A GI profile, hypertension profile, diabetes profile, and urinalysis were all apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory: GI and Diabetes Profiles: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Diabetes Association, Standards of Medical Care and Diabetes-2014.

Decision rationale: The MTUS does not address the topic. While the attending provider did not clearly state what laboratory tests he intended to test for, the American Diabetes Association (ADA) notes that hemoglobin A1c test should be performed quarterly in applicants whose therapy has changed or who are not meeting glycemic goals. In this case, the attending provider posited that the applicant's diabetes control was suboptimal and that the applicant was not meeting goals on or around the date in question, May 22, 2014. Performing laboratory testing to include hemoglobin A1C via the GI and diabetes profiles sought by the attending provider was indicated. Therefore, the request was/is medically necessary.