

Case Number:	CM13-0016147		
Date Assigned:	12/18/2013	Date of Injury:	01/06/2005
Decision Date:	07/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine, and is licensed to practice in New York. 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 patient is a 58 year old male who was injured on 1/6/05. The mechanism of injury was not provided for review. He injured his internal organs. The internal organs have been accepted by the carrier. The carrier has objected the claim for heart. The current diagnosis is essential benign hypertension. An EKG performed on 10/6/09 revealed bradycardia, first degree AV block, and early precordial RS transition. Bioimpedance plethysmography showed blood pressure of 131/72, and elevated systemic vascular resistance. The echocardiogram showed normal ventricular chamber dimension, mild concentric left ventricular hypertrophy, mild aortic root dilatation, trace mitral regurgitation, and trace tricuspid regurgitation. His electrolytes were normal and creatinine was 1.1. An EKG performed on 9/28/10 revealed first degree AV block, and early precordial transition. Bioimpedance plethysmography showed blood pressure of 124/72, and normal hemodynamics. Echocardiogram revealed normal left ventricular chamber dimensions, mild left ventricular hypertrophy, septum of 1.3 cm, and posterior ventricular wall 1.3 cm. An EKG performed on 9/13/11 was unchanged from prior study. Bioimpedance plethysmography showed blood pressure of 124/71, and normal hemodynamics. Echocardiogram showed septum of 1.2, posterior wall of 1.2 and mild concentric left ventricular hypertrophy. An EKG performed on 10/23/12 was unchanged from prior study. Bioimpedance plethysmography showed blood pressure of 126/75, and elevated systemic vascular resistance. Echocardiogram was essentially unchanged from the prior study. A fasting blood work report dated 6/4/13 revealed high levels of calcium, blood urea nitrogen, and thyroid stimulating hormone. Blood work from 6/21/11 revealed creatinine at 1.0. Blood work from 6/22/10 revealed creatinine 1.0, potassium 5.3. A complete blood count, lipid panel, hepatic function panel, urine acid, GGT, and thyroid panel were also requested. A fasting blood work report from 10/23/12 revealed high levels of cholesterol, triglycerides, blood urea nitrogen, ALT, thyroid stimulating hormone, and

urine creatinine. Blood work from 10/23/12 indicated that brain natriuretic peptide showed potassium 4.7 and creatinine at 0.9. Blood work from 12/28/12 revealed creatinine at 1.1. Blood work from 1/31/12 indicated brain natriuretic peptide showed potassium at 4.8 and creatinine at 1.0. The PR2 dated 9/3/13 stated that the patient was feeling well. His blood pressure is under control. There are no new complaints. Objective findings on exam revealed his blood pressure to be 120/80. Testing needed on patient's next appointment includes blood work, including a full metabolic panel, complete blood count, lipid panel, blood metabolic profile, hepatic function panel, hemoglobin A1C and thyroid panel, APO lipoprotein, urine creatinine, urine albumin, echocardiogram, EKG, and impedance cardiography. There was also a request to dispense medication. The patient was diagnosed with hypertension, essential benign. The patient's medications are Ramipril 10 mg and Felodipine 10 mg. The PR2 dated 6/4/13 states that the patient was feeling well. His blood pressure is under control. Objective findings on exam revealed his blood pressure as 126/82. The treatment plan for the patient is to take Ramipril 10 mg and Losartan 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK EVERY SIX (6) MONTHS (UNSPECIFIED DURATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/cmp/tab/test/>, <http://www.amd.org/living-with-amd/resources-and-tools/30-tests-your-doctor-might-use.html>, and <http://labtestsonline.org/understandi ng/conditions/hypertension/start/3>.

Decision rationale: According to the 9/3/13 PR-2, the patient reports that he is feeling well, his blood pressure is under control, and there are no new complaints. Objective findings on examination revealed his blood pressure is normal, 120/80. His diagnosis is hypertension, essential benign. According to the references, complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. It is a useful screening tool for a wide range of conditions and diseases. The CMP or BMP may be ordered to monitor known conditions, such as hypertension. The patient's previous lab study findings have been normal. In the absence of any current clinically relevant abnormal findings or complaints as to indicate a change in the patient's stable status, extensive bi-yearly lab testing is not indicated. Based on the patient's purported clinical presentation and history, obtaining certain blood work on yearly basis, for routine assessment/screening of his overall health and specific organ function is appropriate. As such, the appropriate tests would include a comprehensive metabolic panel (CMP) or (BMP - basic metabolic panel) and complete blood count (CBC), on yearly basis. However, lipid panel, hepatic function panel, hemoglobin A1C, thyroid panel, and APO lipoprotein tests are not indicated or deemed medically necessary for the monitoring or treatment of hypertension. Since modification is not available at this level, the request as a whole is not medically necessary.

URINALYSIS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/conditions/hypertension/start/3>, and <http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

Decision rationale: The references state urinalysis is useful as a screening and/or diagnostic tool as it can help detect substances or cellular material in the urine associated with different metabolic and kidney disorders. The patient continues medication management of hypertension, presently benign with Ramipril and Felodopine. Periodic urinalysis study, which would include albumin/creatinine ratio (ACR), would be an appropriate screening tool in the management of this patient's hypertension and medication use. Therefore, the medical necessity of urinalysis is established.

ELECTROCARDIOGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://labtestsonline.org/understanding/conditions/hypertension/SearchForm?Search=ecg&action_ProcessSphinxSearchForm=Go, <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>, and <http://www.nlm.nih.gov/health/health-topics/topics/ekg/>.

Decision rationale: Electrocardiograms obtained in September 2010, September 2011, and October 2012 remain unchanged from the study results of the October 2009 electrocardiogram. The medical records demonstrate that the patient's cardiac health has been stable. In the absence of any current subjective complaints and abnormal clinical findings, the medical necessity of an electrocardiogram study is not established. As such, the request is not medically necessary.

ELECTROCARDIOGRAM WITH DOPPLER STUDIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/health/health-topics/topics/ekg>, and <http://www.nlm.nih.gov/medlineplus/ency/article/003869.htm>.

Decision rationale: Electrocardiograms obtained in September 2010, September 2011, and October 2012 remain unchanged from the study results of the October 2009 electrocardiogram. The medical records demonstrate that the patient's cardiac health has been stable. In the absence of any current subjective complaints and abnormal clinical findings, the medical necessity of an electrocardiogram with Doppler is not established. As such, the request is not medically necessary.