

<b>Case Number:</b>	CM13-0051367		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

57 year old man injured 8/22/2012 when lifting plastic rings from a pallet he experienced sudden low back pain. He has a disc herniation at L5-S1. He has been diagnosed with elevated blood pressure without diagnosis of hypertension. His treating provider requested internal medicine consultation for hypertension and cardiovascular assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT INTERNAL MEDICINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION (2007), CHAPTER 7- INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, CHAPTER 7 (P. 127)

**Decision rationale:** Consultation may be obtained "to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory

capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." During the claimant's May 30, 2013 appointment with pain management, his blood pressure was noted to be 162/111 and 173/113. On 7/8/13 it was again elevated at 154/90 and 171/112. On 9/16/13 his pressure was 164/95 and 177/114. On 10/14/13 his blood pressure was 163/99 and 178/100. He has hypertension and is prescribed medication. He was not in control at the time the request was made for the internal medicine consultation, and he was non-compliant with the suggested regimen. At least one procedure was delayed or incomplete by pain management because of his uncontrolled blood pressure. He needed to see someone to manage his blood pressure and evaluate him for any cardiovascular consequence to his persistently elevated blood pressure. The request for Consult Internal Medicine is medically necessary.