

Case Number:	CM13-0053780		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2003
Decision Date:	03/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in Maryland and 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 physician 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 injured worker is a 66 year old man with a date of injury of 1/28/03. He was evaluated by his physician on 7-23-13. Recent testing included an echocardiogram from 4/13 which showed normal left ventricular function and normal valves. The Doppler revealed a trace mitral and tricuspid regurgitation. An Electrocardiogram (EKG) from 4/13 showed a sinus arrhythmia with a rate of 71 and premature ventricular complex. He was said to have had a negative stress test in 5/13. He had no hematuria or obstructive urinary complaints. His blood pressure was controlled with his medications. His physical exam showed a blood pressure of 130/70, clear lungs and extremities "negative". He was given refills of ramipril, atenolol, triamterene/hydrochlorothiazide and felodipine. He was to return in three months for follow-up of malignant neoplasm of the bladder and essential benign hypertension. At issue is this review are blood work /lab tests though the exact tests to be ordered were not specified in the record. There is blood work from 11/6/12 and 10/29/13 included in the records. Labs ordered included a Complete Blood Count (CBC), lipid panel, APO, Basic Metabolic Panel (BMP), hepatic function panel, uric acid, Gamma-Glutamyl Transferase (GGT), hemoglobin A1C, ferritin vitamin D and thyroid panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab, Blood work every 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: <http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf>

Decision rationale: At issue in this review is the request for lab / blood work every 6 months in this injured worker with a history of bladder malignancy and benign essential hypertension which is well controlled with 4 medications: atenolol, triamterene/hydrochlorothiazide, ramipril and amlodipine. His prior lab work in 2012 showed a normal creatinine and sodium slightly low at 134 but was otherwise unremarkable. Per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, once antihypertensive drug therapy is initiated, serum potassium and creatinine should be monitored at least 1-2 times/year. The physician visit does not substantiate this clinical reasoning or justify why the blood work is not needed every 6 months nor do they specify the exact tests to be ordered. The denial is appropriate.