MAXIMUS Federal Services

Case Number:	CM13-0054645		
Date Assigned:	06/09/2014	Date of Injury:	09/01/2000
Decision Date:	07/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice, 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:

70 yr. old male claimant sustained a work injury on 10/9/1967. He has a past medical history of hypertension, neoplasm of the left shoulder and actinic keratosis. His chronic medication includes: Ramipril, Losartan, Hydrochlorothiazide and Atenolol. On 10/1/13 the treating physician noted a normal exam and a blood pressure of 122/89 after which he requested blood work every 6 months. At the time his CBC and complete metabolic panel were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK, ONCE EVERY 6 MONTHS QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69-70.

Decision rationale: According to the MTUS guidelines: NSAIDS can cause an increase in blood pressure and can raise blood pressure in susceptible patients. In this case, there is no documentation that the claimant is on NSAIDs or there is a concern of NSAID use and renal impairment. The type of blood work is not specified. There is no documentation that the hypertension is related to NSAIDs and the prior injury. The treating physician also has not

justified the request for a 6 month frequency. Based on the lack of supporting evidence and medical necessity, the request for blood work every 6 months is not necessary.