

<b>Case Number:</b>	CM13-0055594		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation, 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:

This 42-year-old sustained an injury on August 6, 2012 while employed by [REDACTED]. Injury occurred while working in cultural training, was manhandled by military personnel. Request under consideration include an internal medicine consultation for hypertension. As of July 30, 2013, the patient is status post bilateral L5 and left L4-5 epidural steroid injections. Report of October 7, 2013 from the provider noted patient with severe back pain radiating into the leg with some mid and upper back and neck pain as well. The patient also reported shoulder pain, left knee pain along with symptoms of anxiety, stress and post-traumatic stress syndrome. Pain is predominantly in the lower back with radiation into the left lower extremity, severe and constant rated at 9/10 scale. The patient was noted to have past medical history of high blood pressure. Exam had no documented blood pressure reading; palpable muscle spasms in the L3-4 and L4-5 areas; limited range secondary to pain; flexion is 50% normal/ extension 40% normal/ side bending is 40% normal; motor strength decreased; SLR positive in bilateral lower extremities. Follow-up report of October 24, 2013 from the provider noted severe worsening symptoms in the lower back and left knee with internal "tremor," knees buckling medially and difficulty with sleep. The patient also reported his concern about is high blood pressure. Exam, again, had no blood pressure reading. Request for internal medicine consultation for hypertension was non-certified on November 11, 2013 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **INTERNAL MEDICINE CONSULTATION FOR HYPERTENSION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127. Official Disability Guidelines (ODG), Hypertension Section, pages 320 and 382.

**Decision rationale:** This 42-year-old male sustained an injury on August 6, 2012 while employed by [REDACTED]. Injury occurred while working in cultural training, was manhandled by military personnel. Request under consideration include internal medicine consultation for hypertension. Per report of October 7, 2013 from the provider, the patient has previous past medical history of hypertension prior to injury date. The predominant complaints were radiating low back pain status post lumbar epidural steroid injection. Exam had no blood pressure reading. Follow-up on October 24, 2013 noted patient was concern of his high block pressure. Again, the clinical exam had no documentation of blood pressure. The ACOEM and MTUS Guidelines are silent on hypertension as it relates to industrial injury of low back pain; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient already had a working diagnosis of hypertension as noted by the provider; however, no clinical documentation was identified correlating to diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications such as corticosteroids which may produce edema and hypertension nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled hypertension. The request for an internal medicine consultation for hypertension is not medically necessary and appropriate.