

Case Number:	CM13-0056609		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2000
Decision Date:	07/23/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Geriatrics 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 injured worker is a 61 year old woman with a date of injury of 3/21/00. She has a history of hypertension and review of old records show blood pressure elevated at times and normal at times. She was seen by her primary treating physician on 10/18/13 and had complaints of low back pain with right lower extremity radicular pain. She was said to be tolerating her medications well with trouble sleeping. Her blood pressure was 142/80 with pulse of 76. Her cardiovascular and lung exam were normal. Her anti-hypertensive medications included maxide, lisinopril and norvasc. A request was made for an automated blood pressure monitor which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE OF AUTOMATIC BLOOD PRESSURE MONITOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

Decision rationale: This injured worker has a history of hypertension with most recent blood pressures controlled on her current medical regimen. The medical notes do not indicate why an automated blood pressure monitor is indicated when her blood pressure appears under control. There is not sufficient medical detail or information in the medical records to justify the medical necessity of the blood pressure monitor.