MAXIMUS Federal Services

Case Number:	CM13-0065930		
Date Assigned:	03/26/2014	Date of Injury:	03/06/2009
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine 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:

The patient is a 66 year old male with date of injury 03/06/2009. There is no reported mechanism of action of injury other than reports of 'a stressful work environment.' His industrial related diagnosis include: L4-5 and L5-S1 discogenic pain with facet symptoms, hearing loss, hypertenstion triggered by work related injury, chest pain (rule out GI vs anxiety), Abdominal pain, Constipation mixed with diarrhea (rule out irritable bowel), GERD secondary to NSAIDS, and sleep disroder secondary to pain and stress. The patient is reported to be taking Lisonopril for his blood pressure and the current request is for DME: home blood pressure monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTHER DME: PURCHASE OF BLOOD PRESSURE MONITOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician, and National Institute of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. A Joint Scientific Statement from The American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses association. Aupickering TG, Miller NH, O, Ogedegbe G, Krakoff LR, Artinian NT, Goff D, American Heart Association, American Society of Hypertension, Preventive Cardiovascular

Nurses Association; Hypertension. 2008;52(1):1 and . Home-measured blood pressure is a stronger predictor of cardiovascular risk than office blood

Decision rationale: MTUS and ODG are silent on home BP monitoring. Home BP monitoring is outlined in many trials and a consensus statement from the American Heart Association and the American Society of Hypertension state the benefits of using home blood pressure monitoring devices. (1) It is recommended that HBPM should become a routine component of BP measurement in the majority of patients with known or suspected hypertension; (2) Patients should be advised to purchase oscillometric monitors that measure BP on the upper arm with an appropriate cuff size and that have been shown to be accurate according to standard international protocols. They should be shown how to use them by their healthcare providers; (3) Two to 3 readings should be taken while the subject is resting in the seated position, both in the morning and at night, over a period of 1 week. A total of>or=12 readings are recommended for making clinical decisions; (4) HBPM is indicated in patients with newly diagnosed or suspected hypertension, in whom it may distinguish between white-coat and sustained hypertension. If the results are equivocal, ambulatory BP monitoring may help to establish the diagnosis; (5) In patients with prehypertension, HBPM may be useful for detecting masked hypertension; (6) HBPM is recommended for evaluating the response to any type of antihypertensive treatment and may improve adherence; (7) The target HBPM goal for treatment is<135/85 mm Hg or<130/80 mm Hg in high-risk patients; (8) HBPM is useful in the elderly, in whom both BP variability and the white-coat effect are increased; (9) HBPM is of value in patients with diabetes, in whom tight BP control is of paramount importance; (10) Other populations in whom HBPM may be beneficial include pregnant women, children, and patients with kidney disease; and (11) HBPM has the potential to improve the quality of care while reducing costs and should be reimbursed. The patients hypertension is felt to be industrial related and as such, he is being treated with an anti-hypertensive drug, Lisonopril. Given that home BP monitoring is a very reasonable approach to monitor control over time and response to medication, a home BP machine is medically appropriate for this patient. Therefore, the DME home BP machine is medically necessary.