

Case Number:	CM13-0071325		
Date Assigned:	01/08/2014	Date of Injury:	07/31/1995
Decision Date:	04/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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:

73 yr. old female claimant sustained a work injury on 7/31/ 1995 resulting in chronic back pain radiating to the legs. She was diagnosed with lumbar radiculitis and L5-S1 spinal stenosis. She underwent therapy, knee bracing, home exercise, and topical ice packs. She used oral and topical analgesics. Exam notes dating back to 2012 indicated she had elevated blood pressure as well as suffered from depression, which was aggravated by her pain. She had been taking anti-hypertensive medications as well as anti-depressants. A progress note on 10/14/13 indicated the claimant had anxiety and chest pain with a blood pressure of 130/84. The claimant was maintained on Atenolol 50 mg BID. She was subsequently requested to check her blood pressure daily and use a blood pressure cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BLOOD PRESSURE MACHINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Medial management of adults with hypertension.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint National Committee (JNC) on Hypertension 2012.

Decision rationale: According to the JNC 7 guidelines: Home blood pressure (BP) devices can be very useful in involving many patients in their own care. Clinicians must calibrate these devices (see Self-Measurement). This should be done, in part, by having the patient determine their BP with the device in the presence of the clinician. Home determined BP tends to be approximately 5 mmHg lower than office BP, and this information should be considered when assessing progress toward the goal. However, office BP should still be used to determine whether a patient is at goal. In this case, the blood pressure was not uncontrolled requiring persistent escalation of medications or hospitalization. She was not diagnosed with hypertension but rather elevated blood pressure due to pain and anxiety. Home blood pressure monitoring is not medically necessary for elevated blood pressure due to the above.