

Case Number:	CM13-0072307		
Date Assigned:	01/08/2014	Date of Injury:	08/06/2012
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Illinois. 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 42-year-old who reported an injury from a physical altercation to his head, low back, and left knee on August 6, 2012. The clinical note dated December 9, 2012 noted the injured worker reported pain as a 9/10 in the lower back area with pain radiating to the left lower extremity. It was further noted in the clinical note that the injured worker's past medical history included high blood pressure and depression. In the earliest clinical note dated November 19, 2012 there is a lack of any medical history of the injured worker noted throughout the report. The request for authorization was not found in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULT FOR HYPERTENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CHRONIC PAIN CHAPTER, OFFICE VISITS.

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).

Decision rationale: The request for an internal medicine consult for hypertension is non-certified. The American College of Occupational and Environmental Medicine guidelines recommend a referral request should specify the concerns to be addressed in the IME, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The clinical notes submitted for review do not assess the clinical signs of hypertension. There is only one note dated December 3, 2013 that documented his blood pressure and was elevated and the positive physical finding, but does not address his pain at the time and when the blood pressures were taken during the course of the exam. If the injured worker's pain management was not under control the blood pressure could be an appropriate sympathetic response and would be unknown if the elevated blood pressure was a direct response and the etiology is unknown. The request for an internal medicine consultation for hypertension is not medically necessary or appropriate.