

Case Number:	CM14-0008163		
Date Assigned:	01/24/2014	Date of Injury:	03/06/2007
Decision Date:	06/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Medicine, and is licensed to practice in Arkansas and Utah. 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 44 year-old male. The patient's date of injury is 3/6/07. The mechanism of injury was lifting boxes, after which he heard something pop in his lower back. The patient has been diagnosed with hypertension, insomnia, and low back pain. The patient's treatments have included surgery, epidural injections, and medications. The physical exam findings show neuropathies of the lower legs. The patient is on multiple medications at this time. There is limited information in the clinical document regarding past medical history, including blood pressure readings.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD PRESSURE MONITOR (PURCHASE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines (ODG) for durable medical equipment were used instead. The clinical

documents are lacking in past medical history and information. There is no rationale as to why this needs to be provided to the patient. As such, the request is not medically necessary.