

Case Number:	CM14-0111253		
Date Assigned:	08/01/2014	Date of Injury:	03/27/2010
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 41-year-old gentleman who was reportedly injured on March 27, 2010. The mechanism of injury is noted as an assault. The most recent progress note dated June 26, 2014, indicates that there are ongoing complaints of back, neck, and shoulder pain. There was a normal physical examination. A magnetic resonance image of the lumbar spine revealed a focal disc protrusion at L5 - S1 abutting the left-sided S1 nerve root. There were also signs of degenerative disc disease at L3 - L4 and L4 - L5. Nerve conduction studies of the lower extremities revealed a left sided S-1 radiculopathy. Previous treatment includes physical therapy, lumbar epidural steroid injections, and oral medications. A request was made for plethysmography, a 24-hour blood pressure monitor, and abdominal Ultrasound, a hepatic screening and blood glucose testing and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plethysmography: Upheld

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

<http://www.nlm.nih.gov/medlineplus/ency/article/003771.htm>Plethysmography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003771.htm>

Decision rationale: Plethysmography is a test used to check blood volume in various parts of the body. It is not indicated for routine hypertension evaluation. As such, this request for plethysmography is not medically necessary.

24 Hour BP monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20849695> Variability of office, 24-hour ambulatory, and self-monitored blood pressure measurements.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://familydoctor.org/familydoctor/en/diseases-conditions/high-blood-pressure/diagnosis-tests/using-an-ambulatory-blood-pressure-monitor.printerview.all.html>

Decision rationale: There is no documentation in the medical record that the injured worker has anything other than routine high blood pressure that would board additional investigation nor is it stated that it cannot be controlled by blood pressure medications. As such, this request for a 24-hour blood pressure monitor is not medically necessary.

Abdominal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004236> Abdominal Ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>

Decision rationale: There is no documentation in the medical record that the injured employee has anything other than routine high blood pressure that would board additional investigation nor is it stated that it cannot be controlled by blood pressure medications. As such, this request for an abdominal ultrasound is not medically necessary.

Hepatitis Screen A/B/C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://labtestonline.org/understanding/analytes/hepatitis-panel/Acute Viral Hepatitis Panel](http://labtestonline.org/understanding/analytes/hepatitis-panel/Acute%20Viral%20Hepatitis%20Panel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/hepatitis.html>

Decision rationale: There is no documentation in the medical record that the injured employee has anything other than routine high blood pressure that would board additional investigation nor is it stated that it cannot be controlled by blood pressure medications. As such, this request for hepatitis a/B/C screening is not medically necessary.

Venipuncture glucose: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Diabetes, Glucose Monitoring

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/bloodsugar.html>

Decision rationale: There is no documentation in the attach medical record that the injured employee has anything other than routine high blood pressure that would board additional investigation nor is it stated that it cannot be controlled by blood pressure medications. As such, this request for venipuncture for glucose screening is not medically necessary.