MAXIMUS Federal Services

Case Number:	CM14-0121540		
Date Assigned:	08/06/2014	Date of Injury:	12/17/2010
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 American Board 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:

36 yr. old male claimant sustained a work injury on 11/17/10 involving the low back. He developed a herniated disc. He additionally, was being treated for hypertension. A progress note on 7/14/10 noted his blood pressure was 136/90. He had been on Lisinopril and Valsartan for blood pressure control. His pain medications included: Norco, Flector patches, Lidoderm and Zanaflex. The treating physician requested a home blood pressure monitor to assess his blood pressure at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home blood pressure monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

Decision rationale: The ACOEM and MTUS guidelines do not address blood pressure monitoring. According to the ODG guidelines, Recommended generally if there is a medical

need and if the device or system meets Medicare's definition of durable medical equipment (DME). A blood pressure cuff, if prescribed by a physician as part of a home hemodialysis system, a sphygmomanometer and stethoscope are covered. In this case, the claimant does not have end stage renal disease. In addition, his blood pressure is well controlled. The request for a home blood pressure unit is not medically necessary.