

<b>Case Number:</b>	CM14-0034061		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 08/05/1998. The mechanism of injury was noted to be repetitive motion. Her diagnoses were listed as hypertension, chest pain, and shortness of breath. On 02/17/2014, the injured worker was evaluated by her treating provider for complaints of chronic pain. It was noted that she had been diagnosed with hypertension in 1999 and was treated with antihypertensive medications. However, she reported that her blood pressure elevates when she is in pain and she experiences palpitations and difficulty breathing with elevations in her blood pressure. She was also noted to have a history of emphysema, neck pain, migraine headaches, fibromyalgia, depression, anxiety, and gastrointestinal problems. Her prior treatments were noted to include various medications, acupuncture, aquatic therapy, use of an H-Wave unit, and occipital nerve blocks. Her physical examination revealed a blood pressure of 116/72 and a pulse of 81 beats per minute. She was also noted to have a regular heart rate and rhythm with no rubs or gallops. Her treatment plan was noted to include labs, an EKG, an ICG, and a 2D echo with Doppler for further evaluation regarding her shortness of breath and hypertension. She was also recommended for an ophthalmology evaluation, hydrochlorothiazide 25 mg per day for hypertension, a ProAir inhaler as needed for asthma, a low-sodium diet, and an evaluation by a GI specialist. A request for authorization form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Internal Medicine Consultation and Possible Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

**Decision rationale:** According to the Official Disability Guidelines office visits should be based on the patient's history, signs and symptoms, and clinical presentation. The documentation submitted for review indicated that the patient reported high blood pressure and symptoms of shortness of breath. However, her physical examination revealed a normal blood pressure of 116/72 and no other evidence of cardiac problems. In addition, the rationale for the request was not provided as her treating provider had ordered labs and diagnostic tests related to her blood pressure. Therefore, it is unclear why she requires an evaluation by an internal medicine specialist at this time. As such, the request is not medically necessary and appropriate.