

Case Number:	CM14-0035955		
Date Assigned:	06/23/2014	Date of Injury:	07/06/2012
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational Medicine 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:

The patient is a 40 year old male who was injured on 07/06/2011. The mechanism of injury is unknown. Prior medication history included Ramipril, Lopressor. Diagnostic studies reviewed include Echo performed on 02/18/2013 revealed left ventricular chamber dimensions are normal with normal systolic function and wall motion pattern; Left atrium, right atrium, right ventricle and aorta are normal; aortic valve, mitral valve, and tricuspid valve are normal; and there is mild regurgitation and trace tricuspid regurgitation. The patient had lab work performed on 02/18/2013 which revealed high cholesterol 212; high triglycerides at 254; high uric acid at 8.4; high GGT at 56; and high Ferritin at 367.3. Progress report dated 02/18/2013 indicates the patient complained of occasional palpitations. His blood pressure is reportedly under control. On exam, lungs are clear. Neck is negative and heart is regular rate and rhythm. Diagnosis is benign essential hypertension. The patient was given Ramipril 10 mg, Losartan 50 mg and Lopressor 50 mg. Prior utilization review dated 02/24/2014 states the request for blood work (unspecified) is authorized as the patient's blood work should be updated with his last test performed in 03/2012. The request for Impedance Cardiography (ICG) is not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Work (Unspecified): Overturned

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

<http://latestonline.org/understanding/analytes/cmp>/<http://latestonline.org/understanding/analytes/cbc>/<http://latestonline.org/understanding/analytes/thyroid-panel/tab/glance><http://latestonline.org/understanding/analytes/lipid/tab/glance>.

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.mdguidelines.com/high-blood-pressure-benign><http://emedicine.medscape.com/article/241381-overview>.

Decision rationale: This is a request for blood work for evaluation of a 40-year-male with hypertension. Blood work performed included complete metabolic panel, CBC, lipid panel, uric acid, HbA1C and thyroid panel. MTUS and ODG guidelines do not address the request. However, an online search suggests these laboratories are appropriate in the evaluation of hypertension. Therefore, the request for Blood Work (Unspecified) is medically necessary and appropriate.

Impedance Cardiography (ICG): Overturned

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/16681075>.

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.medscape.com/viewarticle/744573_5<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659156/>.

Decision rationale: This is a request for Impedance Cardiography for a 40 year old male with hypertension. MTUS and ODG guidelines do not address this request. However, an online search suggests that Impedance Cardiology is a useful tool in the work-up of hypertension. Results of the test can help direct appropriate medical therapies for hypertension. Therefore, the request for Impedance Cardiography (ICG) is medically necessary and appropriate.