

Case Number:	CM14-0074091		
Date Assigned:	07/16/2014	Date of Injury:	09/23/2009
Decision Date:	01/21/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Family 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 59 yr. old female claimant sustained a cumulative work injury from 4/8/09-9/23/09 involving the neck and back. She was diagnosed with cervical and lumbar disc disease. She underwent a lumbar spine fusion and cervical discectomy. She had been on muscle relaxants and opioids for pain control. She had a history of GERD, hypertension, hyperlipidemia and a sleep disorder. A progress note in January 2014 indicated the claimant had been on Metoprolol and Benzapril for blood pressure. A blood pressure was not provided. A referral to an ophthalmologist was made to evaluate eyes due to chronic hypertension. A subsequent request was made in March 2014 to see the requested specialist for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for hypertension.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)Specialist Referral and Chapter 7, pg 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the specialty of the requested physician is unknown. The claimant was referred for hypertension but a blood pressure was not provided. The claimant had been on hypertensive medications but there was no indication of lack of blood pressure control. The referral is not medically necessary.