

<b>Case Number:</b>	CM15-0008666		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 7/11/2011. The diagnoses have included abdominal pain, acid reflux, constipation and hypertension. Treatment to date has included medications and dietary recommendations. Currently, the IW complains of abdominal pain and constipation but no change in acid reflux symptoms. He reports worsening bloating and uncontrolled hypertension. Objective findings included blood pressure 148/84, and a soft abdomen with normoactive bowel sounds. On 12/19/2014, Utilization Review non-certified a request for a hypertension profile laboratory test and gastrointestinal laboratory test noting that the clinical information submitted for review did not meet recommended guidelines for the requested treatment. Non-MTUS references were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of a hypertension profile laboratory test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypertension Profile Laboratory Test:** Upheld

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

<http://www.guideline.gov/content.aspx?id=39321&search=hypertension>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians, Oct 1st 2014 issue. JNC 8 Guidelines for the Management of Hypertension in Adults

**Decision rationale:** MTUS guidelines are silent regarding the treatment and diagnosis of hypertension, and therefore other professional references were utilized. This independent medical review was requested to determine the need for a "hypertension profile laboratory test." This request is very vague as in medicine it is not standard practice to say nor to order a ""hypertension profile laboratory test" since this test does not exist. Most doctors can guess that the requesting physician is attempting to order a BMP (Basic Metabolic Profile,) but this can not be certain. This same physician also tried to request a "gastrointestinal laboratory test," which also does not exist. There are many laboratory tests that can look at various gastrointestinal problems. The requesting physician needs to be more specific regarding exactly which laboratory test is being requested. This request is not considered medically necessary.