

Case Number:	CM15-0135025		
Date Assigned:	07/23/2015	Date of Injury:	08/13/2013
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 74-year-old male, who sustained an industrial injury on August 13, 2013. The injured worker was diagnosed as having orthopedic injury and rule out hypertension. Treatment to date has included physical therapy, acupuncture, shock wave therapy and medication. A progress note dated June 17, 2015 provides the injured worker complains of neck and back pain with numbness in the hands and feet. Physical exam is noted as within normal limits other than elevated blood pressure. The plan includes 6 and 24-hour blood pressure monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Hour time BP monitor: Upheld

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/24338545>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Diabetes (Type

1, 2, and Gestational), Hypertension screening (2) Diabetes (Type 1, 2, and Gestational), Hypertension treatment and Other Medical Treatment Guidelines James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014; 311 (5):507-520.

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for neck and back pain with numbness of the hands and feet. The member has a history of hypertension and diabetes. When seen, he had run out of antihypertensive medications six months before. Physical examination findings included a BMI of nearly 31. His blood pressure was 194/108 on the left and 211/112 on the right. He was directed to an emergency room for blood pressure control in a monitored setting. Being requested is authorization for ambulatory blood pressure monitoring. In terms of screening for hypertension, guidelines recommend ambulatory blood pressure monitoring as the reference standard for confirming office-based blood pressure elevations, since it can rule out white coat hypertension. In this case, the claimant already has a diagnosis of hypertension. He had an elevated blood pressure but had not taken antihypertensive medications in six months. The need for ambulatory blood pressure monitoring for screening was not medically necessary. Guidelines recommend step medication therapy in treating hypertension. The ambulatory blood pressure monitoring at the frequency being requested would not be medically necessary.

24 Hour BP monitor: Upheld

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/24338545>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Diabetes (Type 1, 2, and Gestational), Hypertension screening (2) Diabetes (Type 1, 2, and Gestational), Hypertension treatment and Other Medical Treatment Guidelines James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014; 311 (5):507-520.

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for neck and back pain with numbness of the hands and feet. The member has a history of hypertension and diabetes. When seen, he had run out of antihypertensive medications six months before. Physical examination findings included a BMI of nearly 31. His blood pressure was 194/108 on the left and 211/112 on the right. He was directed to an emergency room for blood pressure control in a monitored setting. Being requested is authorization for ambulatory blood pressure monitoring. In terms of screening for hypertension, guidelines recommend ambulatory blood pressure monitoring as the reference standard for confirming office-based blood pressure elevations, since it can rule out white coat hypertension. In this case, the claimant already has a diagnosis of hypertension. He had an elevated blood pressure but had not taken antihypertensive medications in six months. The need for ambulatory blood pressure monitoring for screening was not medically necessary. Guidelines recommend step medication therapy in treating hypertension. Ambulatory blood pressure monitoring at the frequency being requested would not be medically necessary.