

<b>Case Number:</b>	CM15-0140389		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 27-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 18, 2014. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for a blood pressure monitor. The claims administrator referenced progress notes of June 15, 2015, June 1, 2015, and May 15, 2015 in its determination, along with an RFA form of June 25, 2015. The claims administrator contended that the attending provider's documentation was illegible and did not state whether the request represented a purchase request or a rental request. Somewhat incongruously, the claims administrator did approve a 2D echocardiogram. The applicant's attorney subsequently appealed. On July 20, 2015, the applicant consulted a pain management physician. The applicant was using tramadol and Flexeril, it was reported. The applicant had received earlier chiropractic manipulative therapy and analgesic medications, it was reported. The applicant's blood pressure was not taken on this occasion. There was no mention of the applicant's carrying a diagnosis of hypertension in the past medical history section of the note. The applicant did have a history of migraine headaches, scoliosis, and ulcers, it was reported. A handwritten note of July 21, 2015 suggested that the applicant's blood pressure was elevated at 145/98. The applicant was described as carrying a diagnosis of hypertension but was apparently not using any blood pressure lowering medications, it was reported. A July 13, 2015 progress note did not measure the applicant's blood pressure. There was no mention of the applicant's carrying a diagnosis of hypertension on this date. The applicant's blood pressure was elevated on June 15, 2015, at 149/89. The applicant was given various diagnoses, including that of hypertension. A 2D echocardiogram was ordered. The note was very difficult to follow and not altogether legible. It was suggested that the applicant

monitor his blood pressure on a daily basis via a home blood pressure monitor.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME-home BP app monitor, (Indefinite use) qty 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.merckmanuals.com/professional/cardiovascular-disorders/hypertension/overview-of-hypertension> Overview of Hypertension by George L. Bakris, MD Merck Manuals Professional Edition Cardiovascular Disorders Hypertension Ideally, patients or family members measure BP at home, provided they have been trained to do so, they are closely monitored, and the sphygmomanometer is regularly calibrated.

**Decision rationale:** Yes, the proposed home blood pressure monitor is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Merck Manual notes that, ideally, applicants with hypertension should measure their blood pressure at home provided they have been trained to do so, they are closely monitored, and the sphygmomanometer is regularly calibrated. Here, the applicant did carry a diagnosis of hypertension; it was suggested on handwritten progress notes of June 15, 2015 and July 21, 2015. The applicant's blood pressure was elevated on both of those dates. As suggested in the Merck Manual, the applicant, thus, should have been trained and instructed to measure his blood pressure at home via the home blood pressure monitor at issue. Therefore, the request is medically necessary.