

Case Number:	CM15-0189298		
Date Assigned:	10/01/2015	Date of Injury:	08/30/2010
Decision Date:	12/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: California, North Carolina
 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 48 year old female, who sustained an industrial injury on 8-30-10. The injured worker was diagnosed as having history of atrial fibrillation status post cardiac ablation, hypertension with left atrial enlargement, chest pain rule out cardiac vs. gastrointestinal vs. anxiety, abdominal pain, acid reflux, diarrhea rule out irritable bowel syndrome, sleep disorder, valvular disease, pulmonary hypertension, and headaches. Treatment to date has included medication such as Ranitidine, Losartan, Eliquis, and Clonidine. On 8-17-15, the injured worker complained of heartburn and abdominal pain. On 8-17-15, the treating physician requested authorization for a body mass index test. On 9-1-15, the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body Mass Index (BMI) Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty - Body mass index (BMI).

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

Decision rationale: The request is for a "BMI test." It is assumed that the request is for a Body Mass Index, which is readily calculated from the patient's height and weight. Height and weight are standard tests performed in an office setting. These figures can be easily inputted into a formula, which will reveal the BMI. The request for a referral for a BMI is not medically necessary or appropriate.