

Case Number:	CM15-0204925		
Date Assigned:	10/21/2015	Date of Injury:	10/06/2009
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 66 year old male, who sustained an industrial injury on 10-6-09. The injured worker is diagnosed with hypertension and post cervical spine fusion. His disability status is permanent and stationary. Notes dated 8-7-15 and 8-24-15 reveals the injured worker presented with complaints of constant neck pain that radiates pain and numbness down his upper extremities to his hands bilaterally (right greater than left). He reports constant low back pain that radiates pain and numbness down his lower extremities to his toes, bilaterally, described as sharp and stabbing. He reports bilateral shoulder pain resulting in difficulty with at or above shoulder height activity. He reports disturbed sleep due to the pain averaging 5-6 hours a night. He reports difficulty transitioning from seat to stand and ascending and descending stairs-ramps. His pain is rated at 7.5-8 out of 10. A physical examination dated 8-7-15 revealed an altered gait, cervical and lumbar paraspinal muscles are tender to palpation bilaterally, range of motion is limited and the straight leg raise is positive on the right. A note dated 6-15-15 states the injured worker had documented elevated blood pressure readings prior to his industrial injury. The injured workers blood pressure was 181 over 95 with a pulse of 74 at his 8-24-15 appointment. Treatment to date has included psychotherapy, medications, which reduce his pain by 20% for 2-3 hours and allow him to increase his walking by 15 minutes per note dated 8-7-15, chiropractic therapy, a cane and C3-C4 cervical spine fusion. Diagnostic studies include cervical and lumbar spine MRI, sudoscan and cardio-respiratory testing. A request for authorization dated 8-24-15 for blood pressure cuff for purchase is non-certified, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood pressure cuff for purchase: 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/11910297>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Siu AL, et al. Screening for high blood pressure in adults: US preventative services task force recommendation statement. *Ann Intern Med.* 2015; 163(10): 778-786. Kaplan NM, et al. Ambulation blood pressure monitoring and white coat hypertension. Topic 3820, version 24.0. UpToDate, accessed 12/06/2015. Kaplan NM, et al. Blood pressure measurement in the diagnosis and management of hypertension in adults. Topic 3879, version 15.0. UpToDate, accessed 12/06/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature supports the use of blood pressure monitoring at home for a suspicion the person's blood pressure increases only at the medical office, episodes of high blood pressure, high blood pressure that is resistant to increasing medications, symptoms of low blood pressure during treatment of high blood pressure, or the autonomic nervous system is not working properly. The submitted and reviewed documentation indicated the worker was experiencing neck pain and stiffness and lower back pain that went into the legs with numbness. These records suggested the worker suffered from high blood pressure, among other issues. However, there was no discussion detailing findings suspicious for any of the above situations, reporting an issue that required more than routine monitoring, describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the purchase of a blood pressure cuff is not medically necessary.