

<b>Case Number:</b>	CM15-0058028		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

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 injured worker is a 56 year old female, who sustained an industrial injury on 4/1/2008. The mechanism of injury was not provided for review, but documentation notes diffuse pain to the neck, shoulder, back, hands and knees with subsequent depressive mental disorder. The injured worker was diagnosed as having gastro esophageal reflux disease, irritable bowel syndrome, hypertension, gastric ulcer, gastritis, hernia and possible hemorrhoids due to constipation. There is no record of a recent diagnostic study. Treatment to date has included psychotherapy and medication management. In a progress note dated 1/27/2015, the injured worker complains of worsening constipation and improved gastro esophageal reflux disease. The treating physician is requesting gastrointestinal and hypertension profiles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gastrointestinal (GI) Profiles:** 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/25085030>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD; Digestive disorders; <http://www.webmd.com/digestive-disorders/>.

**Decision rationale:** MTUS and ODG are silent on GI profiles. The above cited reference states the following: "Common digestive problems include heartburn/GERD, IBD, and IBS. Symptoms may include bloating, diarrhea, gas, stomach pain, and stomach cramps. Treatment includes a combination of medication and lifestyle changes." There is no medical documentation that shows that the employee is currently being evaluated or treated for any GI disease. Therefore, the request is not medically necessary.

**Hypertension Profiles:** 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/25085030>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual; hypertension; <http://www.merckmanuals.com/professional/cardiovascular-disorders/hypertension/overview-of-hypertension>.

**Decision rationale:** MTUS and ODG are silent with regards to hypertension profiles. The above cited reference states: "Hypertension is sustained elevation of resting systolic BP (140 mm Hg), diastolic BP (90 mm Hg), or both. Hypertension with no known cause (primary; formerly, essential hypertension) is most common. Hypertension with an identified cause (secondary hypertension) is usually due to chronic kidney disease or primary aldosteronism. Usually, no symptoms develop unless hypertension is severe or long-standing. Diagnosis is by sphygmomanometry. Tests may be done to determine cause, assess damage, and identify other cardiovascular risk factors." There is insufficient documentation to show why a hypertension profile is needed beyond a simple blood pressure measurement and first line treatment. Therefore, the request is not medically necessary.