MAXIMUS Federal Services

Case Number:	CM15-0083619		
Date Assigned:	05/05/2015	Date of Injury:	06/02/2009
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York
Certification(s)/Specialty: Internal 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 68 year old male, who sustained an industrial injury on 6/2/2009. He reported injury of the low back and coccyx area. The injured worker was diagnosed as having abdominal pain, constipation/diarrhea, hypertension with left ventricular diastolic dysfunction, and blurred vision rule out secondary to hypertension. Treatment to date has included sleep study, electroencephalogram, medications, and ophthalmology consultation. The request is for hypertension assessment profile, and gastrointestinal assessment profile. On 3/4/2015, he complained of high blood pressure, visual disturbances, and blurred vision. He indicated he is only sleeping approximately 2 hours per night. His blood pressure is noted to be 112/80; heart rate is 73 with a regular rate and rhythm. The treatment plan included: urine toxicology, gastrointestinal and hypertension profiles. Medications are listed as: Amiodipine, Benazepril, and ASA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertension assessment profile: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014_ Treatment of Hypertension.

Decision rationale: The documentation indicates the patient is maintained on medical therapy for the treatment of his hypertension. Per the reviewed literature it is reasonable to follow laboratory studies, particularly renal function at least every 6 months while on medication. The documentation indicates he is stable on his anti-hypertensive medical regimen. The requested hypertension assessment profile is medically necessary and reasonable. Medical necessity for the requested studies is established. The requested studies are medically necessary.

Gastrointestinal Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medsape Internal Medicine 2014: Laboratory studies.

Decision rationale: The documentation indicates the patient has complaints of abdominal pain with associated diarrhea and constipation. There are no specific physical exam abnormalities reported. There is no documentation of any previous GI related evaluation or previous studies obtained. There is no specific indication for the requested gastrointestinal profile. Medical necessity for the requested studies is not established. The requested studies are not medically necessary.