

Case Number:	CM13-0035310		
Date Assigned:	03/19/2014	Date of Injury:	07/31/2009
Decision Date:	09/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old female who reported an industrial injury on 7/31/2009, over five years ago, attributed to the performance of her customary job tasks when she was involved in a motor vehicle accident (MVA). The patient is being treated for a history of neck and low back pain reported due to the effects of the MVA. The patient was documented on 9/17/2013, to have a blood pressure value of 144/101. The heart rate was regular without a gallop. The patient was noted to have well-controlled blood pressure of 120-125/70-75 over the past office visits. The treatment plan included hemodynamic studies. A Doppler echocardiogram dated 5/14/2013, detailed a mild dilated left atrium, normal left and right ventricular wall thickness, no evidence of pericardial or rector cardiac pleural effusion, normal left ventricular function without evidence of segmental wall abnormalities, mild thickening of the mitral and aortic valve with normal cusp excursion, normal tricuspid and pulmonic valves, one plus mitral and tricuspid regurgitation, and the left ventricular inflow pattern suggests mild diastolic dysfunction. At the same time blood pressure was evaluated as 110/72, 115/70 ejection fraction was 65%.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEMODYNAMIC STUDY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 32, Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 6.

Decision rationale: There was no demonstrated medical necessity for the provision of hemodynamic studies to assess the patient's systemic vascular resistance index. The patient was documented to have a normal cardiopulmonary examination and normal blood pressure. The patient was documented to have one high blood pressure reading due to the lack of sleep the night before and no series of three high blood pressure readings. The documented blood pressure readings prior to the single event were normal. There was no provided nexus to the cited mechanism of injury. The treating physician provided no rationale supported with objective evidence to support the medical necessity of the requested hemodynamic studies. The ACOEM Guidelines, the ODG, and the California MTUS are silent for the Hemodynamic Studies. There is no evidence provided that the resistance index or hemodynamic studies are medically necessary to treat the reported hypertension on an industrial basis.