

Case Number:	CM15-0076923		
Date Assigned:	05/28/2015	Date of Injury:	06/08/2011
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 64-year-old male, who sustained an industrial injury on 6/08/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having hypertension, irritable bowel syndrome, and non-industrial cholelithiasis. Additional diagnoses included lumbar disc degeneration, lumbar radiculopathy, and lumbar facet arthropathy. Treatment to date has included magnetic resonance imaging of the lumbar and cervical spines and right shoulder, epidural steroid injections, and medications. Currently (4/13/2015), the injured worker complains of blood pressure in the 150/90 range. Physical examination noted blood pressure 152/92. Cardiovascular exam noted regular rate and rhythm, without murmur or gallop. It was noted that there was a new finding of aortic root dilation, measuring 1.4cm, with left atrial enlargement. Medication was noted as Bystolic (recently non-certified). He was retired. A progress report regarding a request for an office visit with internist/pain management specialist, for 12/15/2014, in regards to hypertension, was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit/report with an internist/pain management specialist for hypertension (DOS 12/15/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing uncontrolled hypertension. This is outside the scope of practice of the primary treating physician and therefore referral to internist for hypertension would be medically necessary.