MAXIMUS Federal Services

Case Number:	CM13-0018442		
Date Assigned:	11/06/2013	Date of Injury:	09/30/2011
Decision Date:	01/27/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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:

The claimant is a 59-year-old gentleman who reportedly suffered an injury to his back on September 30, 2011. The request was to determine the medical necessity of an internal medicine consultation. Records reflect that he has been under the medical care of [redacted]. [redacted] has recommended surgery. He is recommending surgery for his back and lower extremity complaints. With that said, he is recommending internal medical consultation for this gentleman's complaints of sexual dysfunction, GI upset and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127

Decision rationale: The MTUS Guidelines state that an occupational health specialist may refer to other specialists if the diagnosis is uncertain and/or extremely complex. [redacted] states that he believes that this gentleman's complaints of sexual dysfunction, GI upset and

hypertension all require evaluation. He has referred him to an internist to discuss them. Based on the information provided and consideration of the MTUS Guidelines, this request would appear to be reasonable. [redacted] would not be the appropriate provider to evaluate these complaints. While they may or may not have an impact on this gentleman's vocational related injury it would nevertheless be reasonable medical care for an internal medicine consultation. As such this would appear to be a reasonable and medically appropriate request in this setting.