MAXIMUS Federal Services

Case Number:	CM13-0020088		
Date Assigned:	12/11/2013	Date of Injury:	03/15/2002
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/04/2013

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 Internal Medicine, is licensed to practice in Maryland. 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:

This 48 year old male was injured on March 15 2002. The patient sustained an injury to his back while he was on a 25 feet high ladder disconnecting a cable when suddenly a patron came out of the apartment building and moved the ladder. His symptoms included lower back pain, insomnia, hypertension and hemorrhoids. He was initially treated conservatively with medications and Physical therapy. The patient later had an MRI and had lumbar surgery in 2007 and 2010. His evaluation included a discography, various MRIs and nerve conduction studies. His treatment included pain medications, Physical therapy and lumbar epidural steroid injections. He was being seen by a Gastroenterologist and had an esophagogastroduodenoscopy (EGD) and colonoscopy that confirmed gastritis, duodenitis and hiatal hernia. He was continued on Prilosec and an ultrasound was requested. He was also seen by another physician [redacted] for his insomnia, obstructive sleep apnea and gastroesophageal reflux disease (GERD) and was treated with Ambien. He was seen by the treating provider on the 4th of June, 2013. He was noted to have low back pain and was noted on examination to have limited range of motion of lumbar spine and tenderness over paraspinal musculature. His diagnoses included low back syndrome, insomnia, hemorrhoids and hypertension. He has been evaluated with complaints of lower back pain rated as 8/10 that radiates down the hip with tingling and numbness to the bilateral lower extremities. Pain worsens with prolonged walking movements. There was a limited range of motion of the lumbar spine and decreased strength. He was recommended to have Prilosec 20 mg #60, Tramadol 150mg #30 and an Internal Medicine consultation for insomnia and gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for Insomnia and Gastrointestinal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Consultation. Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Practice Guidelines, 2nd Edition (2004), Chapters 6 and 7 pages 112 and 127.

Decision rationale: According to ACOEM Guidelines, physicians should consider referral for further evaluation and perhaps cooperative treatment if: specific clinical findings suggest undetected clinical pathology , appropriate active physical therapy does not appear to be improving function as expected, the patient experiences increased pain, or at the very least, pain does not decrease over time. Also according to chapter 7 of ACOEM Guidelines, an occupational health provider may refer to other specialists 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. In addition, the Guidelines also indicate that consultations are appropriate to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the employee's fitness for return to work. In this scenario, the patient has a history of prolonged insomnia that has been treated with Zolpidem. There is no documentation about worsening insomnia in the treating provider's note. Hence the Internal Medicine consultation is not medically necessary given stable medical condition that has been evaluated in past and has been on stable dose of Ambien. For the gastrointestinal issues, he was being followed by a Gastroenterologist and had EGD and colonoscopy in May 2013. Consequently, an additional consultation from a different provider is not medically necessary. The request for an internal medicine consultation for insomnia and gastrointestinal issues is not medically necessary and appropriate.