MAXIMUS Federal Services

Case Number:	CM13-0021055		
Date Assigned:	03/19/2014	Date of Injury:	01/03/2008
Decision Date:	04/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/06/2013

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 Preventative 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:

According to the records made available for review, this is a 48-year-old male with a 1/3/08 date of injury. At the time (5/23/13) of request for authorization for Internal Medicine consultation, there is documentation of subjective (continued back and neck pain) and objective (stiffness of the cervical spine, inability to walk on tiptoes, and a blood pressure of 130/90 mmHg) findings, current diagnoses (multi-level herniated nucleus pulposus, lumbar degenerative disc disease, and chronic cervical sprain/strain), and treatment to date (physical therapy and medications (Flexeril, Tramadol, Prilosec, and topical creams)). In addition, 5/23/13 and 7/19/13 medical report's plan identifies "internist referral as this patient has problems with his gastrointestinal tract as a result of the medication" and "because of high blood pressure." There is no documentation that the requested consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of multi-level herniated nucleus pulposus, lumbar degenerative disc disease, and chronic cervical sprain/strain. However, despite documentation of a plan identifying "internist referral as this patient has problems with his gastrointestinal tract as a result of the medication" and "because of high blood pressure"; and given documentation of a blood pressure reading of 130/90 mmHg, there is no documentation of supportive subjective/objective findings of gastrointestinal problems or hypertension to substantiate that the requested consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Internal Medicine consultation is not medically necessary.