

Case Number:	CM13-0029955		
Date Assigned:	12/04/2013	Date of Injury:	05/17/2006
Decision Date:	04/30/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a lumbar support; multiple epidural steroid injections; a cervical fusion surgery; unspecified amounts of acupuncture and chiropractic manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 9, 2013, the claims administrator denied a request for ongoing care with an internal medicine specialist, citing non-MTUS Chapter 7 ACOEM Guidelines. The applicant's attorney subsequently appealed. A clinical progress note of September 15, 2013 is notable for comments that the applicant reports persistent low back and neck pain, 8/10. She is on Norco, Restoril, Topamax, capsaicin, and Prilosec. She states that she is having difficulty living with the pain. It is stated that the applicant is apparently seeing an internist for her reported gastrointestinal complaints. She does have issues with nausea and stomachache, it is suggested. Norco is renewed. The applicant is asked to obtain an orthopedic consultation. On a questionnaire of September 9, 2013, the applicant continues to report issues with stomachache. On January 15, 2013, the applicant is described as having a history of hypertension, which is reportedly stable on unknown antihypertensives which are being furnished by her internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING CARE WITH INTERNAL MED. SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OMPG (SECOND EDITION, 2004) , CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead a primary treating provider to reconsider the diagnosis and consider a specialist evaluation. In this case, primary treating provider has seemingly posited, obviating completely, that the applicant does have ongoing issues with gastrointestinal distress and hypertension for which the applicant is receiving ongoing antihypertensive medications. The applicant's primary treating provider is apparently an orthopedist or chronic pain physician who likely does not address issues related to hypertension and/or GI distress. Obtaining follow-up care with an internist who can address the applicant's ongoing issues of hypertension is indicated, appropriate, and supported by page 1 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore the original utilization review decision is overturned. The request is certified, on Independent Medical Review.