

<b>Case Number:</b>	CM13-0032113		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 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 69 year old male with date of injury of 5/5/2008 from a trip and fall incident. The progress note dated 12/23/2013 indicates the claimant has low back pain that improves by 20% with rest. He also has constant bilateral lower extremity radiculopathy, worse on the left, and extending to the toes. His symptoms have worsened with prolong standing, sitting, and driving. The physical exam showed severely atrophied left biceps, palpable tenderness of bilateral lumbar paraspinal muscles, difficulty with toe heel walking, 4/5 bilateral plantar flexion, 4+/5 bilateral dorsi flexion strength, positive straight leg raise bilaterally, restricted range of motion in the lumbar spine, decreased sensation in bilateral lower extremities in the L5, S1 dermatomes, and severe lumbar muscular spasms with difficulty moving in all directions. According to the EMG/NCV study dated 6/2013, there was evidence of mild to moderate chronic L4/L5/S1 radiculopathy on the left more so than on the right, with no evidence of peripheral neuropathy. Recent treatments include: lumbar spine epidural with worsening symptomatology following the injection and physical therapy. The treatment plan includes a referral to an orthopedic surgeon, durable medical equipment, additional physical therapy, electrodiagnostic studies and medication. Diagnosis include 1) lumbar disc bulge with radiculitis with a status of 6 failed epidural steroid injections 2) ruled out epidural hematoma 3) a status failed radio frequency desensitization 4) urinary incontinence with sexual dysfunction secondary to complication of failed radio frequency desensitization 5) insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127,156).

**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, 156.

**Decision rationale:** The request for internal medicine consult is being made by the primary treating provider to address complications that have resulted from failed procedures utilized to treat this industrial injury. The use of other specialists is supported by the ACOEM practice guidelines, particularly when the "plan or course of care may benefit from additional expertise. A referral may be 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." The request for consultation to internal medicine is determined to be medically necessary.