

Case Number:	CM13-0033064		
Date Assigned:	12/06/2013	Date of Injury:	07/27/2001
Decision Date:	03/17/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 55-year-old female who reported an injury on 07/27/2001 due to cumulative trauma while performing normal job duties and reportedly sustained an injury to the left shoulder and low back. This ultimately resulted in L2-S1 lumbar fusion. The patient's most recent clinical examination reported that the patient had complaints of memory loss, problems with speaking, constipation, numbness and tingling and weakness in the bilateral legs. The patient's physical findings included tenderness to palpation of the lumbosacral spine with sciatic nerve root irritation test positive bilaterally. The patient's treatment plan included consultation for memory loss and constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for memory loss: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The consultation with [REDACTED] for memory loss is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule states that if

the patient has persistent complaints a specialist evaluation may be necessary. However, the clinical documentation submitted for review does not provide any evidence that the patient has had any treatment for these complaints. Therefore, the need for a specialty consultation is not clearly indicated. As such, the requested consultation with [REDACTED] for memory loss is not medically necessary or appropriate.

Consultation internal medicine for constipation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The consultation with [REDACTED], internal medicine for constipation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule states that if the patient has persistent complaints a specialist evaluation may be necessary. However, the clinical documentation submitted for review does not provide any evidence that the patient has had any treatment for these complaints. Therefore, the need for a specialty consultation is not clearly indicated. As such, the requested consultation [REDACTED], internal medicine for constipation is not medically necessary or appropriate.