

Case Number:	CM13-0034814		
Date Assigned:	12/11/2013	Date of Injury:	09/28/2012
Decision Date:	05/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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 General Surgery 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 patient is a 58 year old male who was injured on 09/28/2012 as he was unable to avoid a collision and struck another vehicle. He says he was rendered unconscious for a few seconds. Diagnostic studies reviewed include lumbar spine AP and lateral view x-rays dated 09/28/2012 revealing mild degenerative changes of the lumbar spine. A pelvis x-ray dated 09/28/2012 revealed mild osteoarthritis of the sacroiliac joints and both hips, slightly worse on the left. X-rays of the thoracic spine dated 09/28/2012 revealed moderate degenerative changes of the thoracic spine. An MRI of the brain dated 07/25/2013 revealed a few periventricular and subcortical white matter foci of small vessel infarction or gliosis, a common MR finding. No acute or subacute abnormality demonstrated. The progress note dated 09/24/2013 documented the patient to have complaints of headaches and neck, low back, buttocks, hips feet, ankles, left-sided upper back and abdomen pain rated 9/10, eyes, mid back, ribs, shoulders, legs and left wrist pain rated 8/10. This is associated with weakness, giving way, locking, grinding and swelling. The pain radiates down to both arms and knees with numbness and tingling. He reports that with overhead reaching, lifting, pushing, pulling, gripping, twisting, bending, stooping, kneeling, walking and sitting aggravate his symptoms. He is currently taking more amounts of medications. He stretches and exercises at home. Objective findings on examination of the lumbar spine revealed there was tenderness to palpation. Manual muscle testing revealed 4/5 strength with flexion, extension and bilateral bend. Range of motion was restricted due to pain. The range of motion of the lumbar spine: flexion 50 degrees, extension 15 degrees, right and left lateral bending 15/15. The diagnoses include lumbar myalgia, lumbar myospasms, lumbar neuritis/radiculitis and abdominal pain. The treatment/recommendations are Terocin patch, request an authorization for a general surgeon consultation for left lower quadrant abdominal pain and re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERAL SURGEON CONSULT: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS;, 503-508.

Decision rationale: According to the California MTUS guidelines, general surgery consult "IME" is recommended to provide medicolegal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The medical records document the patient had complained of headache and neck pain, low back pain, left lower extremity pain and abdominal pain. On examination there was tenderness to palpation in paraspinal muscles with decreased ROM. In the absence of documented physical examination of the abdomen, further there is no clear indication of general surgery consultation, the request is not medically necessary according to the guidelines.