

Case Number:	CM13-0040291		
Date Assigned:	12/20/2013	Date of Injury:	09/12/2012
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal 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:

This patient is a 37 year old female, date of injury 09-12-12. Primary diagnosis is 724.4 lumbosacral neuritis or radiculitis. Mechanism of injury was not documented in available medical records. All available medical records were reviewed. Procedure Report 07-25-13 by [REDACTED] documented the patient's diagnosis of lumbar spine disorder and that the patient tolerated extracorporeal shock wave treatment with no complications. No other medical records were available. Utilization review 10-09-13 by [REDACTED] recommended that the request for Internal Medicine consultation for clearance, prior to lumbar epidural steroid injection, be Non-certified. [REDACTED] cited a report 09-23-13 by [REDACTED] that documents lumbosacral spine disorder and systemic lupus erythematosus and medications folic acid and plaquenil.

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 Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not specifically address Internal Medicine Consultation. ACOEM Practice Guidelines, 2nd Edition, 2004 (page 127) state that the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan of care may benefit from additional expertise. Official Disability Guidelines (ODG) Low Back, Preoperative Testing (12/27/13) state that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. The relative effect on patient and surgical outcomes, as well as resource utilization, is unknown. The only available medical records from a primary source were the Procedure Report 07-25-13 by [REDACTED] which did not document any comorbidities. There were no other medical records from a primary source. A secondary source of information was the Utilization Review 10-09-13 by [REDACTED] which cited secondhand a report 09-23-13 by [REDACTED] that documented systemic lupus erythematosus and medications folic acid and plaquenil. But this was a secondhand account. The extent and scope of the patient's comorbidities and medications were not detailed in the available medical records. The patient's comorbidities and medications are not absolute contraindications to epidural steroid injections which is not a high-risk or intermediate-risk surgery. The available medical records do not establish the medical necessity of an Internal Medicine consultation. Therefore, the request for Internal Medicine consultation is Not medically necessary