

Case Number:	CM13-0058527		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2010
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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 is a 43 year old male status post injury 8/17/10. The most recent medical report available for review found the patient subjectively complaining of ongoing neck and low back pain, numbness and pain down both legs into his feet work on the right, as well as pain and numbness down both arms to his hands, left worse than right. Objectively the patient had tenderness to palpation to the cervical and lumbar paraspinals, decreased range of motion of the cervical and lumbar spine in all planes, decreased sensation to the C5, C6, C7, C8, L4, L5, and S1 dermatomes. Diagnoses include degenerative disc disease, arthropathy, retrolisthesis C4-5, canal stenosis including C3-4 mild-to-moderate, C4-5 moderate, C5-6 moderate, and C6-7 mild, C4-5 moderate neural foraminal narrowing, lumbar radiculopathy, multiple NHP, bilateral shoulder subacromial impingement and bursitis, cervical radiculopathy, right foot arthralgia, and NSAID induced gastritis. Treatment has included conservative treatment, medication, and surgery. Internal medicine consultation for GI complaints with medications (NSAID induced gastritis) was requested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM).

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), 2ndEdition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page(s) 127, 156) and Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Records reviewed dated 10/4/2013 , progress with requesting authorization for the internal medicine authorization were based on the clinical diagnosis of abdominal pain and possible diagnosis of medication induced gastritis, the diagnosis is not clear and a consultation and further is indicated.