

Case Number:	CM13-0058896		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2013
Decision Date:	03/26/2014	UR Denial Date:	11/13/2013
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 63 year old right handed female female status post injury 8/15/13. Medical report 10/30/13 reported a 2-3 month history of subjective complaints of stress, anxiety, depression, loss of interest in daily activities, feelings of helplessness and hopelessness, irritability, and sleep disturbance. Objective findings included a moderately distressed presentation, difficulty rising from sitting, an antalgic gait favoring the right lower extremity, and mobilizing with stiffness. Treatment to date has included medication, and conservative modalities which help. Diagnoses relevant to the disputed issue include Lumbar Spinal Stenosis, Thoracic or lumbosacral neuritis or radiculitis, unspecified, bilateral foot plantar fasciitis, hypertension, and unspecified acute reaction to stress. The disputed issue is 1 consultation with an Internal Medicine Specialist, which was requested on 11/6/13 for assessment of medical cause of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation with an internal medicine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89 - 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127 and 156.

Decision rationale: The Physician Reviewer's decision rationale: The review of the records on 10/30/13 did not support any reason for the internal medicines complaints, as the patient suffered more with the symptoms of anxiety and depression .The request for one consultation with an internal medicine specialist is not medically necessary or appropriate.