

<b>Case Number:</b>	CM13-0071831		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 35 year old female who injured her neck and back on 9/22/08 and again on 2/25/10 causing her to have chronic back and neck pain diagnosed at first as muscle sprains. During the course of her care following the 2/25/10, she was treated for this and other chronic conditions related to this injury including headaches, insomnia, depression, and fibromyalgia syndrome, according to the records provided for review. She had been seen by a number of physicians during this time period for her chronic conditions including an internal medicine doctor, pulmonologist (who was acting as her primary care doctor for a time), a rheumatologist, an orthopedic doctor, psychiatrist, and a neurologist, according to the records. Her chronic pain had been treated with physical therapy, but primarily oral medications such as pain medications, including NSAIDS. She was also treated with other medications such as antidepressants. Her diagnosis of fibromyalgia seemed to be under debate with differing opinions from her doctors suggesting her physical signs and symptoms were related to her injuries and not fibromyalgia syndrome itself, but the majority of reports were written with the assumption that she had fibromyalgia syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### OFFICE VISIT FOR INTERNAL MEDICINE EVALUATION AND TREATMENT:

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines Disability Guidelines , Evaluation And Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Pain Outcomes And Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines states that the treating physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health since the patient is entitled to future an ongoing medical care. In the case of this worker, the request for an internal medicine evaluation and treatment office visit falls in line with this general guideline. The worker, according to the records, seemed to be seeing an internal medicine doctor for general care as well as focused advice on her pain and chronic conditions in addition to seeing her other doctors. Standard of care suggests that a patient is best helped by seeing a primary care doctor, or generalist, to help coordinate care with specialists and to be able to evaluate a broader list of complaints. The worker in this case had been seeing a pulmonologist for her general care as well as was seeing an internal medicine doctor. It would be more appropriate for the worker to be seeing her internal medicine doctor as her primary care doctor, which would make the request for continued office visits for internal medicine evaluation and treatment medically necessary and appropriate regardless of any specific or new indication, since she had already been seeing them regularly.

**OFFICE VISIT FOR RHEUMATOLOGY EVALUATION AND TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Guidelines Disability Guidelines , Evaluation And Management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shir Y, Fitzcharles MA. Should Rheumatologists Retain Ownership Of Fibromyalgia? The Journal of Rheumatology. APR 2009;36(4):667-670.

**Decision rationale:** No MTUS Guideline makes mention of whether or not it is necessary for a specialist such as a rheumatologist to diagnose and treat chronic neck and back pain or fibromyalgia instead of a generalist such as an internal medicine physician. No other guidelines that I'm aware of have a stance on this point. In general, most physicians now agree that any primary care doctor has the ability to manage chronic back pain or fibromyalgia (see reference article) without the need for continual guidance from a rheumatologist. In the case of this worker, it is known, based on the notes provided, that she had been followed for her chronic back and neck pain by her internal medicine and her orthopedic surgeon, as well as her rheumatologist all for the same condition. Assuming the worker has a diagnosis of fibromyalgia, which may be debatable based on differing opinions of the doctors she had seen, according to the records provided, she had been diagnosed and continued to see a rheumatologist for this condition alone. Her internal medicine doctor showed competence with managing the patient's chronic pain according to the records provided. Also, no changes were noted in the provided documents suggesting that the worker had developed new symptoms or had any new resulted tests that

might have warranted a consult with a rheumatologist. For these reasons the office visit for evaluation and treatment is not medically necessary.