

Case Number:	CM14-0002445		
Date Assigned:	03/03/2014	Date of Injury:	09/07/2011
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 injured worker is a 41 year-old male who sustained an injury to his low back on 09/07/11 after performing cumulative customary duties required of his job while packing auto parts from warehouse racks. The injured worker experienced an acute onset of low back pain. The injured was treated with medications, physical therapy and injections with minimal benefit. The records indicate that a spine surgery was anticipated, but the patient continues to be hesitant about the procedure, per clinical note dated 11/06/13. The injured worker was referred to an internist for stomach pains and blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO INTERNIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment For Workers Compensation, Low Back Procedure Summary, last updated 10/09/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The request for referral to internist is not medically necessary. The previous request was denied on the basis that there was no indication that the injured worker had complaints related to the stomach and there is no indication that the symptoms are directly related to his medications. The Official Disability Guidelines (ODG) states the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, there is no indication that stomach pain and blood work is comparable to the 09/07/11 work-related incident. Given the clinical documentation submitted for review, medical necessity of the request for referral to internist has not been established. Recommend non-certification. The Referral to Internist is not medically necessary and appropriate.