

<b>Case Number:</b>	CM14-0009671		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 49-year-old male who reported an injury on 12/06/2007; the mechanism of injury was not provided within the documentation. In the clinical note dated 10/09/2013, the injured worker complained of ongoing neck pain with radiating symptoms to the bilateral upper extremities. The injured worker also reported low back symptomatology with occasional numbness and tingling to the left lower extremity. Within the physical examination of the cervical spine it was revealed that there was pain, tenderness and guarding with limited range of motion. Within the physical examination of the lumbar spine, it was noted that the range of motion was limited and guarded. An improved positive straight leg raise, normal gait, and tenderness over the left lower pedicular screw that caused grimace on palpation were also noted. The diagnoses included cervical spine discopathy, upper extremity radiculopathy, and status post right shoulder surgery with mild residual impingement, lumbar spine discopathy, and right lower extremity radiculopathy. The injured worker was treated with a trigger point injection near the lower pedicle screw at the paravertebral musculature on the left side with 2cc of lidocaine and 1 cc of Depo-Medrol in an effort to provide symptomatic relief. In the treatment plan, it was noted the provider encouraged the injured worker to engage in daily non-strenuous aerobic activities such as stretches, core stabilization, and walking as tolerated. A recommendation was also made for a CT scan of the lumbar spine to verify the fusion solidity at the surgical site. The provider noted the injured worker was awaiting authorization for internal medicine consultation. There was also a recommendation for the refill of Norco, gabapentin, and Protonix. The request for authorization for consultation with an internist and the rationale for the request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH INTERNIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163

**Decision rationale:** The request for consultation with internist is non-certified. American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In the clinical notes provided for review, it was not evident why the provider was requesting an internal medicine consultation. There was a lack of documentation indicating a condition for which a referral would be indicated. Therefore, the request for consultation with internist is non-certified.