

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0014423 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 10/18/2010 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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 Occupational Medicine and is licensed to practice in Texas. 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 51 year old female who reported an injury regarding her neck, back, and shoulders. The injured worker stated the initial injury occurred on 10/18/10 when she fell backwards after the back of a chair she was sitting in broke and the injured worker fell to the floor. The injured worker has undergone extensive conservative treatments to include the use of medications, physical therapy, acupuncture, and chiropractic manipulation. The injured worker has also undergone a home exercise program as well as injections. The clinical note dated 05/21/14 indicates the injured worker having complaints of difficulty with swallowing. The injured worker also had complaints of acid reflux. The clinical note dated 03/06/14 indicates the injured worker complaining of bilateral upper extremity pain. The injured worker was identified as having a positive Spurling's test bilaterally. No strength deficits were identified. The clinical note dated 01/27/14 indicates the injured worker continuing with back and neck pain. The note indicates the injured worker having undergone physical therapy to address the complaints. The note also indicates the injured worker utilizing cyclobenzaprine, Norco and Motrin for pain relief. The utilization review dated 01/28/14 resulted in a denial for a consultation and internal medicine treatment. No information had been submitted regarding the injured worker's response to previous treatments in terms of objective information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127.

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), 2nd Edition, (2004) IMIE and Consultations, Page 503.

Decision rationale: The documentation indicates the injured worker having a long history of neck and low back pain. A consultation and treatment by an internal medicine specialist would be indicated provided the injured worker meets specific criteria to include the injured worker's continued symptoms are likely to benefit from a consultation and treatment by an internal medicine specialist. However, the injured worker has been through extensive treatment to include injections, therapeutic interventions, activity modifications and rest. It is unclear if the injured worker would respond appropriately to additional treatments at this time. Given the ongoing complaints and taking into account the previous treatments that have been rendered, this request is not indicated as medically necessary.