

Case Number:	CM14-0120875		
Date Assigned:	08/06/2014	Date of Injury:	12/26/2002
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 59-year old male who was injured on 12/28/02. The mechanism of injury was repetitive exposure to chemicals and dust. His history included L5-S1 fusion and subsequent removal of hardware. His medications included Norco 7.5/325mg, Senna, Advair Discus, Trazodone and Effexor XR. He was seen by Pain Management consultant on July 7, 2014. He felt Norco was helpful for his breakthrough pain. He noticed that he had constipation for which he was taking Senakot. He also used Effexor for his depression and Trazodone for insomnia. On examination he was noted to have an antalgic gait and a limited range of motion of the lumbar spine. He had no wheezing or rhonchi. The diagnoses included post laminotomy pain syndrome, report of asthma with excessive dust exposure and reports of depression and anxiety. He was noted to be following up with gastrointestinal (GI) for rectal bleeding. He was continued on Norco, Senakot, Advair discus, Trazodone and Effexor XR. He was also seen by the physician in February and April 2014 with similar findings. A request was submitted for an Internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine, consult, treatment and testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 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) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Employee was being treated for low back pain due to post laminotomy pain syndrome, depression and anxiety, asthma and GI bleeding. During the evaluations done in February, April and in July he was noted to have no rhonchi or wheezing on auscultation of his lungs. For rectal bleeding he was scheduled to have an upper and lower endoscopy with the GI physician. His anxiety and depression was being managed with medications including Effexor XR and trazodone. The request was submitted for Internal medicine consultation. The ACOEM guidelines state that the occupational health practitioner can refer to other specialists if a diagnosis is uncertain or extremely complex or when the plan or course of care may benefit from additional expertise. The medical records reviewed do not indicate significant internal Medicine issues. The employee had well-controlled asthma without wheezing or rhonchi on examination. His rectal bleeding was being addressed by the GI consultant. There is no clinical note included to clarify the medical necessity for an Internal Medicine consultation. Hence the request for is not medically necessary or appropriate.