

Case Number:	CM14-0132679		
Date Assigned:	08/22/2014	Date of Injury:	03/08/2011
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation, 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:

Medical records reflect the claimant is a 33 year-old male who sustained a work injury on 03/08/2011. The claimant is status post lumbar spine surgery. The claimant has chronic pain. Psychiatric progress note from 06/20/2014 reports physical challenges including skin changes and hair loss. The hyperpigmentation is not very evident. However, he is requesting evaluation. His lab results are for the most part unremarkable. He continues with decline in sleep, energy level, appetite and libido. There was a request for dermatology consult and internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine evaluation: 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), TWC Pain Procedure Summary, Office Visits, Evaluation and management (E&M), Outpatient Visits.

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, Consultation and on the Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: ACOEM guidelines state; a consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The ODG reflects that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Medical records reflect the claimant has some skin changes and hair loss. It is noted that his labs are for the most part unremarkable. The hyperpigmentation is not very evident. There is an absence in documentation noting location, description, consistency, demarcation, quantification, no description of the hair loss. Therefore, there is an absence in documentation noting the medical necessity for an internal medicine evaluation. This request is not medically necessary.

Dermatology consultation: 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), TWC Pain Procedure Summary, Office Visits, Evaluation and management (E&M), Outpatient Visits.

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, Consultation and on the Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: ACOEM guidelines state; a consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The ODG reflects that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Medical records reflect the claimant has some skin changes and hair loss. It is noted that his labs are for the most part unremarkable. The hyperpigmentation is not very evident. There is an absence in documentation noting location, description, consistency, demarcation, quantification, no description of the hair loss. Therefore, there is an absence in documentation noting the medical necessity for an internal medicine evaluation. This request is not medically necessary.

