

<b>Case Number:</b>	CM14-0020253		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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, has a subspecialty in Preventative Medicine 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:

This 36 year old claimant sustained a work injury on 2/25/2010 involving the neck, mid back and low back areas. An examination report by an orthopedic surgeon on 1/3/14 indicated the claimant had generalized stiffness in the legs and knees. The neck pain was persistent with radiation to the upper and lower extremities. Examination was notable for spasms in the thoracic region and reduced range of motion in the lumbar and cervical region. The claimant had a diagnosis of cervical, thoracic and lumbar sprain. A request was made continue treatment under the care of an internist and rheumatologist. Similar findings and decision making were made on 1/17/14 and 2/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERNAL MEDICINE EVALUATION AND TREATMENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, CHAPTER 7, PAGE 127 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**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) , SPECIALIST REFERRAL , CHAPTER 7, PAGE 127.

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the diagnosis was not complex requiring an additional referral for sprains. There are no notes from the internist indicating the visits are related to a chronic medical problem vs. the work related injury. As a result, the continued need for an internal medicine evaluation is not medically necessary.

**RHEUMATOLOGY EVALUATION AND TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER 7, PAGE 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER 7, PAGE 127.

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the diagnosis was not complex requiring an additional referral for sprains. There are no notes from the rheumatologist indicating the visits are related to a chronic medical problem vs. the work related injury. As a result, the continued need for a rheumatology evaluation is not medically necessary.