

<b>Case Number:</b>	CM14-0021150		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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:

Pursuant to the most recent progress note dated January 1, 2014, the IW (injured worker) complains of low back pain rated 9/10 that radiated to the left leg and great toe. The pain was associated with a numbness and tingling sensation. The IW has a history of diabetes mellitus. Lumbar evaluation revealed flexion reaching the distal tibia or six inches from the ground. Extension 10 degrees, 20 degrees lateral flexion, and 20 degrees lateral rotation. There was tenderness over the paraspinal muscles and lumbosacral junction. Bilateral lower extremity strength of 4/5 and decreased sensation over the bilateral L4-S1 dermatomes, and positive bilateral straight leg raise test. Treatment plan included Deprizine, Dicopanol, Fanatrex, Synaprex, Tabradol, Cyclophene, Ketoprofen cream, Terocin, physical therapy, and an internal medicine consultation for his diabetes mellitus. The IW is a known diabetic and the current level of glucose control was not apparent in the review. Current blood sugars were not addressed. The type of diabetes was not documented nor was the method of control; insulin, and/or oral hypoglycemic medications were not mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 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), Chapter 7 Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines (ODG), Pain Section, Office Visits

**Decision rationale:** The ACOEM guidelines state when a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise a consultation is appropriate referral may be to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability and permanent residual loss for the injured worker. In this case, the injured worker sustained injury to his lower back with radiculopathy and diabetes mellitus. Diabetes mellitus is a pre-existing problem. There are no entries in the medical record regarding symptoms or signs that would suggest inadequate prior diabetic management to warrant an internal medicine referral. Additionally, there is no causal relationship between the diabetes and the work/industrial injury. There were no current blood sugars in the medical record. There were no details regarding the diabetes mellitus history. Consequently, an internal medicine consultation is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the internal medicine consultation is not medically necessary.