

Case Number:	CM14-0026240		
Date Assigned:	06/13/2014	Date of Injury:	01/22/2012
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 44 year-old patient sustained a low back injury on 1/22/12 after moving tanks, climbing and driving over rough road while employed by [REDACTED]. Request(s) under consideration include Internal Medicine Evaluation And Treatment. Diagnoses include thoracic and lumbar sprain/strain. Report of 1/16/14 from the chiropractic provider noted no clear rationale or indication for the internal medicine consultation despite repeated attempts for peer review and requests for documentations. Patient with improved low back pain, but continues with bilateral lower extremities pain rated at 4/10. Exam showed lumbar spine range restricted; tenderness; decreased sensation at right L5-S1; motor strength 4+/5 in left and 5/5 on right. Diagnoses include lumbar sprain/lumbosacral neuritis; thoracic disc displacement. Treatment included continued chiropractic and physiotherapy and TTD. Report of 2/20/14 from the chiropractic provider noted patient sleeping well, no level of anxiety; back improving. Exam showed lumbar range in flex/ext/lateral bending of 70/10/15 degrees; negative SLR; 2/4 DTRs; decreased sensation in left leg (no dermatome noted). Treatment was to continue home exercise, remaining temporarily total disabled. Request(s) for Internal Medicine Evaluation And Treatment was non-certified on 2/4/12 citing guidelines criteria and lack of medical necessity.

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 Official Disability Guidelines.

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: This 44 year-old patient sustained a low back injury on 1/22/12 after moving tanks, climbing and driving over rough road while employed by [REDACTED]. Request(s) under consideration include Internal Medicine Evaluation And Treatment. Diagnoses include thoracic and lumbar sprain/strain. Report of 1/16/14 from the chiropractic provider noted no clear rationale or indication for the internal medicine consultation despite repeated attempts for peer review and requests for documentations. Patient with improved low back pain, but continues with bilateral lower extremities pain ragted at 4/10. Exam showed lumbar spine range restricted; tenderness; decreased sensation at right L5-S1; motor strength 4+/5 in left and 5/5 on right. Diagnoses include lumbar sprain/lumbosacral neuritis; thoracic disc displacement. Treatment included continued chiropractic and physiotherapy and TTD. Report of 2/20/14 from the chiropractic provider noted patient sleeping well, no level of anxiety; back improving. Exam showed lumbar range in flex/ext/lateral bending of 70/10/15 degrees; negative SLR; 2/4 DTRs; decreased sensation in left leg (no dermatome noted). Treatment was to continue home exercise, remaining temporarily total disabled. Request(s) for Internal Medicine Evaluation And Treatment was non-certified on 2/4/12 citing guidelines criteria and lack of medical necessity. ACOEM and MTUS are silent on internal medicine consult as it relates to industrial injury of low back pain; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled or treated internal medicine issues. The Internal Medicine Evaluation And Treatment is not medically necessary and appropriate.