

<b>Case Number:</b>	CM14-0045019		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 37-year-old male who reported an injury on 10/18/2012. The mechanism of injury was being pinned between a car and a delivery truck. Prior treatments were noted to be physical therapy, physiotherapy, injections, and medications. The injured worker's diagnosis was noted to be cervical spine sprain/strain and lumbar spine sprain/strain with radiculopathy. The injured worker had an orthopedic evaluation on 02/12/2014. The injured worker's current complaints included headaches, cervical spine pain, and feelings of numbness and tingling, along with sharp pain radiating to his left hand. The injured worker experienced pain and discomfort of the lumbar spine and he rated that pain an 8/10 to 9/10. He added that that pain was aggravated by lifting and bending as well as lying down. He described feelings of numbness and tingling along with sharp pain radiating into his legs, mainly the left leg and groin area. The physical examination noted spasm at C3-7, and straight leg raise was positive at 70 degrees on the right and positive at 90 degrees on the left. Recommendation was for a referral to a spine specialist and also a referral for internal medicine. The provider's rationale for the request was provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with 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 chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors is an important and critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is a lack of clinical information indicating the rationale for a specialty consultation. Moreover, there is a lack of clinical evidence that the injured worker's pain was unresolved with the primary physician's standardized care. Given the information provided, there is insufficient evidence to determine appropriateness of a consultation to warrant medical necessity; as such, the request for Consultation with internal medicine (evaluation and treatment) is not medically necessary and appropriate.