

<b>Case Number:</b>	CM14-0054504		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 47 year old female with an injury date of 04/14/98. Based on the 02/05/14 progress report provided by [REDACTED], the patient complains of left shoulder pain. Her right ankle pain has improved with conservative treatment including compression and exercise. She also uses both a heating pad and a stimulator on regular basis for the CRPS (Complex Regional Pain Syndrome) which helps control her pain. The patient has tenderness to palpation in the cervical, thoracic, and lumbar spine. There is tenderness over the right buttock generator site. The patient's diagnoses include the following: 1. late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity. 2. Status post spinal cord stimulator implant. 3. Generator site pain. [REDACTED] is requesting for an internal medicine consultation. The utilization review determination being challenged is dated 04/04/14. [REDACTED] is the requesting provider, and he provided one treatment report from 02/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** According to the 02/05/14 report by [REDACTED], the patient presents with left shoulder pain. The request is for an internal medicine consultation for GI upset. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if 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." ACOEM supports specialty consultation for complex issues. The current treater may not feel comfortable or feel that it's within his/her specialty to address the patient's stomach issues. Therefore, the request of Internal Medicine Consultation is medically necessary and appropriate.