

<b>Case Number:</b>	CM14-0054867		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Occupational 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:

Patient is a 50 year-old male with date of injury 03/22/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/06/2014, lists subjective complaints as pain in the low back and right ankle. Objective findings: Examination of the lumbar spine revealed decreased range of motion in all planes, negative straight leg tests bilaterally, and positive Fabere sign. Sensation and motor tests for the bilateral lower extremities were within normal ranges. Right ankle exam was positive for tenderness to palpation, reduced range of motion, medial and patellofemoral joint line tenderness and motor and sensory exams within normal limits. Diagnosis: 1. Degenerative joint disease, right ankle 2. Right low back pain with right lower extremity lumbar radiculopathy 3. Cervical strain with headaches 4. Sleep disturbance. The 03/06/2014 orthopedic report noted a history of hypertension, but there was no discussion of treatments for this or prior medications used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Internal Medicine Consultation and treat for hypertension QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. Chapter 7: Consultation.

**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 132.

**Decision rationale:** It is unclear from the documentation why the provider is considering this patient's hypertension to be in occupational condition; hypertension is typically a non-occupational condition and is treated by the patient's private physician. According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request.