

<b>Case Number:</b>	CM14-0059064		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

The patient is 57-year-old male who has submitted a claim for hypertension, acid reflux secondary to NSAIDs, lumbar spine herniated nucleus pulposus and right lower extremity radiculopathy associated from an industrial injury date of May 19, 2009. The medical records from 2013-2014 were reviewed, the latest of which dated June 10, 2014 revealed that the patient complains of intermittent chest pain. He sleeps 6-7 hours and wakes 4 times per night. He states that he gets good relief from acid reflux with use of medication. The patient says blood pressure at home is 121/60 mmHg and heart rate 73 bpm. On physical examination, vital signs are as follow: BP 109/75 mmHg, HR 72 bpm. There is 1+ tenderness over the epigastric region. Clinical evaluation dated May 6, 2014 revealed that the patient complains of low back pain rated 5/10 and right knee pain rated 2/10. On physical examination, lumbar spine range of motion is limited by pain in all directions. Lower extremity deep tendon reflexes are 2+/4. Hip flexors motor strength is 5-/5. Treatment to date has included home exercise program, and medications, which include carvedilol, aspirin, Lovaza, Protonix, Delixant, ranitidine, Naprosyn, Motrin, Lidoderm patch, TGHOT, Flurflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consult with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Independent Medical Examinations and Consultations, pages 127, 156.

**Decision rationale:** According to pages 127 and 156 of the ACOEM Guidelines referenced by MTUS, consultations are recommended, and a 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. The patient was diagnosed hypertension, hyperlipidemia and acid reflux secondary to NSAIDs. He is asymptomatic with respect to hypertension and hyperlipidemia but with persistent chest pain due to acid reflux. The patient has multiple clinical diagnoses; however the reason for referral for Internal Medicine consult was not specified in the request. Therefore, the request for Internal Medicine consult with [REDACTED] is not medically necessary.

**Pain management consultation with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Independent Medical Examinations and Consultations, pages 127, 156;.

**Decision rationale:** According to pages 127 and 156 of the ACOEM Guidelines referenced by MTUS, consultations are recommended, and a 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. The request for pain management consultation is for the lumbar pain symptomatology. In the clinical evaluation dated May 6, 2014, the patient complains of low back pain. The patient is on both oral and topical analgesics. There is insufficient subjective and objective data to support the need for consultation for pain. The medical necessity for pain management consultation was not established. Therefore, the request for pain management consultation [REDACTED] is not medically necessary.