

Case Number:	CM14-0126720		
Date Assigned:	08/13/2014	Date of Injury:	10/19/2011
Decision Date:	01/29/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Rehab, has a subspecialty in Pain 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:

This is a male who suffered an industrial related injury on 10/19/11. A physician's report dated 1/6/14 noted the injured worker had complaints of discomfort and pain. The injured worker was released to regular work activities. A physician's report dated 6/23/14 note the injured worker had complaints of discomfort and pain in the low back with radiation to the leg with numbness and tingling. The physical examination revealed decreased range of motion in the lumbar spine and mild pain with terminal range of motion. Sciatic notch and straight leg raise tests were positive. Sensation was intact in all dermatomes. Diagnoses included spinal stenosis and radiculopathy. The injured worker was recommended to work with restrictions. The physician noted authorization had been requested for a neurologist, psychologist, and internist to evaluate the injured worker for the issues that he has with regard to gastrointestinal reflux secondary to chronic medications. On 7/16/14 the utilization review (UR) physician denied the request for an internal medicine consult and treat. The UR physician noted the provider indicated that an internal medicine consultation will not be necessary if a gastrointestinal consultation can be obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consult and treat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In the case of this request for internal medicine consultation, the rationale for this consultation was to address gastric reflux symptoms. The reviewer in this case had a teleconference with the requesting provider. There is documentation from a UR decision on 7/6/14 that an internal medicine consultation would not be necessary if a gastrointestinal consultation can be obtained. Therefore, the requesting provider should be authorized to have the worker consult with a gastrointestinal specialist as an alternative to the IM consultation. If no such specialist is readily available, then an internal medicine consultation can be an appropriate substitute. Either way, the provider and the worker should make the decision of which specialist to see, and this internal medicine consult should be available to the worker if he chooses this option.