

Case Number:	CM14-0185343		
Date Assigned:	11/13/2014	Date of Injury:	07/12/2011
Decision Date:	01/27/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 43-year-old male with an injury date of 07/12/2011. Based on the 01/22/2014 progress report, the patient has a positive Lasegue on the left. There is tightness and spasm at the lumbar paraspinal musculature bilaterally. There is hypoesthesia in the anterolateral aspect of the foot and ankle of an incomplete nature at L5-S1 dermatome level. There is weakness in the big toe dorsiflexor and big toe plantar flexor and facet joint tenderness at L3, L4, L5 levels. The 04/30/2014 report states that the patient complains of having pain in his lower back with radicular symptoms to the legs. The patient has difficulty sleeping due to the pain and difficulty with lifting. The 08/13/2014 report states that the patient continues to have lower back pain with radicular symptoms to his legs. He also has stress and anxiety. He has a positive straight leg raise, 75 degrees on the right and 75 degrees on the left. There is tightness in the lumbar paraspinal musculature. The patient's diagnoses include the following: 1. Cervical sprain/strain, herniated cervical disk with radiculitis, positive MRI (date of MRI not provided). 2. Tendinitis, carpal tunnel syndrome, right hand, positive NCV (date of NCV not provided). 3. Tendinitis, carpal tunnel syndrome, left hand, positive NCV (date of NCV not provided). 4. Lumbar strain, herniated lumbar disk with radiculitis, positive MRI (date of MRI not provided). 5. Symptoms of anxiety and depression. 6. Symptoms of insomnia. The utilization review determination being challenged is dated 10/07/2014. Treatment reports were provided from 08/16/2013 - 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Evaluation of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations, Chapter 7, page 127

Decision rationale: Based on the 08/13/2014 report, the patient presents with pain in his lower back with radicular symptoms into the legs. The request is for an internal medicine evaluation of the low back due to increased blood pressure. No rationale was provided. ACOEM Practice Guidelines, Second Edition (2004), page 127, has the following, "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." The treating physician is concerned with the patient's increased blood pressure and has asked for an evaluation of the low back. The request does not make any sense. It is assumed that the provider is asking for an evaluation regarding the patient's blood pressure, and not the low back. The provider does not explain how the patient's blood pressure issues are related to the patient's low back condition. While acute pain can increase blood pressure, chronic pain typically does not result in blood pressure problems. Given the lack of appropriate rationale for the request, the request is not medically necessary.