

Case Number:	CM14-0197713		
Date Assigned:	12/02/2014	Date of Injury:	10/24/2007
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 63 year old female who was injured on 10/24/2007. She was diagnosed with cervical spine strain/sprain, lumbar spine strain/sprain, and bilateral lower extremities radiculopathy. She was treated with medications. On 10/24/14, the worker's chiropractor submitted a request for an internal medicine consultation. No progress notes by the requesting provider including any information about this request was provided in the documents provided for review. A note written by the worker's primary treating physician from 9/11/14 documented back, neck, and foot pain with physical findings of cervical and lumbar tenderness and positive straight leg raise. She was then offered refills on her medications with the plan to wean down on opioids, have an EMG/NCV test, and she was also encouraged to stretch. Utilization review from 11/13/14 reported the worker's chiropractor requested both a neurology consult and an internal medicine consult based on complaints of balance/equilibrium and neck pain, and the internal medicine consult also for the purpose of managing medications. However, the internal medicine consult was deemed medically unnecessary, considering the complaints of dizziness had not yet been evaluated by the neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consult: Upheld

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

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this review, there was limited documentation to explain the reasoning of the request for an internal medicine consultation in the setting of reported dizziness with her neck pain. Considering the reasoning of the previous reviewer and the lack of documentation to help justify this request, the internal medicine consultation will be considered medically unnecessary.