

Case Number:	CM14-0205025		
Date Assigned:	01/29/2015	Date of Injury:	07/26/2014
Decision Date:	03/25/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old man sustained an industrial injury on 7/26/2014 to the lumbar spine, right shoulder and bilateral wrists. The mechanism of injury is not detailed. Treatment has included oral medications and 12 sessions of acupuncture. Physician notes on a PR-2 dated 11/10/2014 show increased range of motion and decreased pain after acupuncture. Complaints still include low back pain with radiation to mid back. Recommendations include consultation with orthopedic and neurology specialists as well as chiropractic care. On 12/4/2014, Utilization Review evaluated prescriptions for internal medicine physician experienced evaluation for treating chemical exposure injuries, follow up internal medicine visit (requested 10/31/2014), and a separate review of records, material safety data sheets, scientific literature (requested 10/31/2014), that were submitted on 12/5/2014. The UR physician noted an internal medicine physician with occupational medicine experience would be beneficial as there is limited information available regarding the specific chemical, exposure pattern and what type of protective equipment was used. Follow up with the initial internal medicine physician was not recommended as there is no documentation of a comprehensive evaluation. A separate view of records, material safety data sheets, and other specific literature should be part of a comprehensive evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for an internal medicine physician was modified, the request for follow up visit and separate viewing of records was denied and subsequently appealed top Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with an internal medicine specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine), page 112

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Office Visits

Decision rationale: Regarding the request for a follow-up visit with internal medicine, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the provider is an internist. A consultation with an internal medicine or occupational medicine specialist with experience in chemical exposure injuries was also requested (and certified by the utilization reviewer), but it appears that this current request is for a follow-up visit with the requesting provider rather than with the consultant. Follow-up with the requesting provider is appropriate to evaluate the patient's progress and make appropriate modifications to the current treatment plan. In light of the above, the currently requested follow-up visit with internal medicine is medically necessary.