

Case Number:	CM14-0207476		
Date Assigned:	12/19/2014	Date of Injury:	09/13/2011
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 patient with a date of injury of 9/13/11. A utilization review determination dated 12/10/14 recommends non-certification of internist evaluation. 9/12/14 medical report identifies low back pain radiating to the lower extremities with numbness and tingling 7/10. On exam, there is limited ROM, tenderness, positive SLR bilaterally, decreased sensation L5-S1. Multiple medications were recommended including Norco, Ambien, Omeprazole, Cyclobenzaprine, and various topical medications. Internist evaluation was recommended due to GI upset with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Internist Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 7, Page 127

Decision rationale: Regarding the request for internist evaluation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the provider notes in the treatment plan that the request is for GI upset with medications, but this is not identified or described in the description of the patient's current symptoms/findings. There is no identification of which medication(s) appear to be causing GI upset or what initial treatment has been attempted other than the prescription of omeprazole (the response to which has also not been documented). In the absence of clarity regarding the above issues, the currently requested Internist Evaluation is not medically necessary.