

Case Number:	CM15-0003857		
Date Assigned:	01/14/2015	Date of Injury:	07/17/2014
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 injured worker is a 39-year-old male who reported an injury on 07/17/2014. On 12/04/2014, he presented for a followup evaluation. He reported no pain in the low back. Objective findings showed no bruising, swelling, atrophy, or lesions present in the lumbar spine. He was diagnosed with lumbar disc protrusion and lumbar myofasciitis. The treatment plan was for an internal medicine evaluation. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine evaluation: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

Decision rationale: The Official Disability Guidelines recommend that office visits be guided by a review of the patient's subjective complaints, signs and symptoms, and reasonable physician judgment. Based on the clinical documentation submitted for review, the injured worker did not

have any complaints regarding the lumbar spine and showed a normal physical examination. There is a lack of documentation showing a clear rationale for the medical necessity of an internal medicine evaluation. Also, the injured worker does not appear to have any signs and symptoms indicating the need for an internal medicine evaluation. Therefore, the request is not supported. As such, the request is not medically necessary.