

<b>Case Number:</b>	CM15-0133268		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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

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:

The injured worker is a 45 year old male, who sustained an industrial injury on June 18, 2014. The injured worker reported feeling snap and pain in the periumbilical area when carrying a heavy object. The injured worker was diagnosed as having other specified disorders of male genital organs. Treatment to date has included CAT scan, chiropractic treatment and medication. A progress note dated April 14, 2015 provides the injured worker complains of neck, back, shoulder abdominal and testicular pain and emotional distress. Physical exam is noted to be within normal limits. CAT scan of the abdomen on February 24, 2015 was normal with no evidence of hernia or pathology of the abdomen. The request is for internal medicine follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine follow-up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**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

**Decision rationale:** With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the rationale for continued internal medicine office visits is not made clear. The notes authored by the internist are difficult to decipher and it is not clear what the patient's internal medicine needs are that are also industrially related. Given this, this request is not medically necessary.