

Case Number:	CM15-0136045		
Date Assigned:	07/24/2015	Date of Injury:	02/25/1991
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency Medicine

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 53 year old male, who sustained an industrial injury on 2/25/91. He has reported initial complaints of neck pain, back and right knee injuries after lifting a box of liquor. The diagnoses have included overexertion from sudden strenuous movement, cervical disc disease, cervical radiculopathy, status post lumbar fusion, lumbar facet syndrome, lumbar radiculopathy, right knee chondromalacia patella, status post right knee arthroscopy with residual, bilateral sacroiliac joint pain, and status post lumbar spine surgery. Treatment to date has included medications, activity modifications, diagnostics, 3 lumbar surgeries, epidural steroid injection (ESI), physical therapy and electrical stimulator implant. Currently, as per the physician progress note dated 6/5/15, the injured worker complains of cervical and lumbar spine pain. The lumbar spine pain radiates to both legs and he notes that the pain has increased since the last visit. The diagnostic testing that was performed included lumbar x-rays, Lumbar computerized axial tomography (CT scan) and Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Norco, Oxycodone and Ambien. The physical exam reveals that the injured worker ambulates with a cane, he has antalgic gait on the right and heel-toe walk exacerbates the antalgic gait on the right. The lumbar exam reveals that there is guarding and spasms noted. There are multiple trigger points noted and there is facet tenderness noted at L4 through S1 levels. There is positive sacroiliac tenderness and positive sacroiliac testing. There is positive Kemp's test and positive seated and supine straight leg raise on the right. There is positive Fanfan test and decreased lumbar range of motion. There is also decreased sensation on the right in the L4, L5 and S1 dermatomal distributions and trace decreased sensation along the L5 dermatomal distribution on the left. The physician requested treatment included Consultation with an internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no rationale provided for request for consultations with an internal medicine specialist. There is no documentation of patient's medical problems although the medication list shows likely hypertension. There is no documentation of whether patient has a primary care physician who is already managing patient's medical problems. The lack of justification does not support request for internal medicine consultation, therefore not medically necessary.