

Case Number:	CM15-0165502		
Date Assigned:	09/03/2015	Date of Injury:	02/11/2014
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on 2-11-14. Diagnoses are cervical radiculopathy, cervical facet arthropathy, and cervical myofascial pain. In a progress report dated 7-24-15, the physician notes he has continued neck pain which is radicular in nature with tingling. The injured worker notes Lyrica significantly improves his pain. Cervical paraspinal tenderness is noted. The upper extremity exam is unchanged and consistent with radiculopathy. Previous treatment noted includes transcutaneous electrical nerve stimulation, physical therapy, urine drug screening, Lyrica, Meloxicam, and topical cream. The requested treatment is an internal medicine consultation regarding the cervical, and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation, Cervical and Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability. The patient has ongoing complaints of back pain that have failed treatment by the primary treating physician. However, there is no indication for an internal medicine consult for these complaints and therefore the request is not medically necessary.