

Case Number:	CM15-0166354		
Date Assigned:	09/04/2015	Date of Injury:	04/19/2013
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 61-year-old male who sustained an industrial injury on April 19, 2013 resulting in low back and knee pain. Related diagnoses include right knee strain, chronic pain syndrome, lumbar spine spondylolisthesis, lumbar spine disc bulge, and low back pain. Additional diagnosis found on physician's report dated April 1, 2015, listed other problems related to current evaluation. Documented treatment included ice, physical therapy stated as helpful with mobility and pain, use of a single point cane, and medication; however, the injured worker continues to present with right knee and low back pain. Current work status is not provided. The treating physician's plan of care included a request for an Internal Medicine initial consultation, which was non-certified by Utilization Review on July 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Initial Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Ch 7 Independent Medical Examinations and Consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, the available treating provider notes are missing information concerning the requested treatment and the rationale. In addition, Pain Medicine currently follows him, so consultation with Internal Medicine would not appear to benefit the injured worker based on the provided working diagnoses. Therefore, based on the guidelines cited and medical records available, Internal Medicine initial consultation is not medically necessary and appropriate.