

Case Number:	CM15-0167717		
Date Assigned:	09/08/2015	Date of Injury:	10/07/2013
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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 38 year old male who sustained an industrial injury on 10-7-13 with current complaints of low back pain radiating to the left lower extremity with numbness and tingling. Diagnoses are lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome, left knee internal derangement, and elevated blood pressure. Previous treatment includes urine toxicology screening, oral medications, topical creams and a home exercise program. In a progress report dated 4-23-15, the treating physician notes low back pain is rated as 5 out of 10 and occasional left knee pain is rated as 3 out of 10. Straight leg raise is positive on the left. The left knee exam notes patellar grinding on the left side. He walks with an antalgic gait. Blood pressure on 4-23-15 was noted to be 147 over 97 with a pulse of 91 and 120 over 68 with a pulse of 91 on 5-21-15. The treatment plan is an orthopedic evaluation, internal medicine evaluation for elevated blood pressure, Terocin patch, Naproxen Sodium, Norco, compounded topical medications, Genicin, Somnicin, Theramine, Sentra PM, Sentra AM, Gabadone, pending acupuncture, and continue a home exercise program. Work status is temporary total disability until 7-16-15. The requested treatment is an Internal Medicine evaluation.

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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM 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. Provider requested internal medicine consultation for "high blood pressure". Provider's documentation is poor. There is no documentation of patient's non-work injury related medical problems documented. There is no documentation of any other medications patient is currently on. The blood pressure noted on the initial request was a single elevated blood pressure than resolved on subsequent visit. This does not even meet basic criteria for mild hypertension. Provider has failed to document why blood pressure issue is related to claimed injury and why it cannot be managed by patient's own primary doctor. Consultation with internal medicine is not medically necessary.