

Case Number:	CM15-0169429		
Date Assigned:	09/10/2015	Date of Injury:	10/01/2009
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic low back, neck, hip, hand, wrist and foot pain reportedly associated with an industrial injury of October 1, 2009. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for an internal medicine evaluation. The claims administrator referenced a July 13, 2015 RFA form and an associated progress note of the same date in its determination. The claims administrator stated that its decision was based on ACOEM guidelines but did not furnish the text of said guidelines or incorporate said guidelines into its rationale. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, knee, low back, hand, wrist, foot, and hip pain were reported. The applicant had issues with venostasis dermatitis, anxiety, gastritis, and insomnia, it was reported. The applicant was also given a Toradol injection and kept off of work. Multiple medications were renewed, including Ativan, Cymbalta, oxycodone, topical compounds, Flector and Neurontin. The attending provider stated that he was in the process of pursuing a hardware removal procedure. An internal medicine evaluation to address medical comorbidities prior to the procedure was sought. The requesting provider was an orthopedist, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist Consultation: Internal Medicine Evaluation secondary to gastritis, regarding chronic low back pain, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for an internal medicine evaluation is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely ill-equipped to address issues of gastritis and/or to address the presence or absence of comorbidities prior to the planned lumbar fusion hardware removal procedure. Obtaining the added expertise of a practitioner better-equipped to address these issues, namely an internist, was, thus, indicated. Therefore, the request is medically necessary.