

<b>Case Number:</b>	CM15-0185231		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/02/1994
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with a date of injury on 8-2-1994. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease and lumbar radiculitis. Medical records (5-4-2015 to 8-24-2015) document Since last visit, activity level has remained the same. Since the last visit, pain level has remained the same. The injured worker reported thyroid dysfunction, depression and a history of stomach ulcers. Per the treating physician (8-24-2014), the injured worker was unemployed. The physical exam (5-4-2015 to 8-24-2015) revealed an antalgic gait. Straight leg raise was positive on the right. There was spasm, tenderness, tight muscle bands and trigger points of the paravertebral muscles. Treatment has included acupuncture and medications. Current medications (8-24-2015) included Fentanyl patches, Percocet and Valium. The request for authorization was dated 8-28-2015. The original Utilization Review (UR) (9-4-2015) denied a request for an internal medicine consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** Submitted reports have not demonstrated any specific symptom complaints, clinical findings, complicated conditions or diagnoses indicative of an internal medicine consultation that is hindering treatment or recovery for this chronic work injury. There are no identifying clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The Internal medicine consultation is not medically necessary and appropriate.