

<b>Case Number:</b>	CM15-0185671		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/20/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/15/2015
<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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 61 year old male sustained an industrial injury on 8-20-08. Documentation indicated that the injured worker was receiving treatment for lumbar herniated nucleus pulposus with spondylosis, insomnia, depression, panic attacks and sleep apnea. Previous treatment included physical therapy, traction and medications. Past medical history was significant for chronic obstructive pulmonary disease. In the most recent documentation submitted for review, an orthopedic re-evaluation dated 4-16-15, the injured worker complained of moderate low back pain. The physician stated that according to the qualified medical evaluator, the injured worker was not a surgical candidate due to his chronic obstructive pulmonary disease. The injured worker was not working. The injured worker used topical compound creams for pain control. The injured worker had been approved for DRX traction treatment. Physical exam was remarkable for lumbar spine with 30 degrees flexion, positive bilateral straight leg raise and lower extremities with normal sensation and 5 out of 5 motor strength. The injured worker walked with some stiffness and "protection" of his back. The physician stated that the injured worker had an ingrown toenail on the left foot that interfered with his ambulation. The injured worker planned to see a podiatrist. The treatment plan included a prescription for Ketoprofen, Gabapentin and Tramadol cream and an X-Force with Solar Care device. On 9-15-15, Utilization Review noncertified a request for consultation, treatment and testing with an internal medicine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation, treatment & testing with an internal medicine specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** MTUS is silent specifically regarding Internal Medicine consultation. ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not document why an Internal Medicine consultation is being requested at this time and does not detail objective findings to support the request. Additionally, the treating physician does not indicate what questions are being asked of the Internal Medicine consultant. As such, the request for Consultation, treatment & testing with an internal medicine specialist is not medically necessary at this time.