

Case Number:	CM15-0186539		
Date Assigned:	09/28/2015	Date of Injury:	03/04/2014
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina

Certification(s)/Specialty: 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 male individual who sustained an industrial injury on 3-4-14 from lifting and testing resulting in low back injury. He is not working. The medical records indicate that the injured worker was being treated for grade 2 anterolisthesis; L5 radiculopathy, moderate obesity; right foot drop. He currently (8-6-15) complains of low back pain radiating into both lower extremities, left more than right with right leg numbness. He "rates his symptoms as a 9 out of 10". On physical exam of the lumbar spine the range of motion was decreased and painful, decreased loss of sensation of the L5 nerve distribution bilaterally, spasms, palpation of sciatic notch elicits radicular symptoms into corresponding extremity. His activities of daily living were limited in the areas of self-care, sitting and rising from a chair, riding in a car and sleep difficulties. His symptoms, physical exam and pain level were unchanged from 8-12-14 through 8-6-15. On 7-2-15 and 8-6-15 the treating provider requested an internal medicine consult for hypertension control and weight management. In the 7-2-15 progress note the treating provider indicates that the injured worker has lost 9 pounds since his 5-21-15 appointment and this was reflected in improved blood pressure control. Diagnostics include lumbar MRI (5-14-15) showing grade 2 anterolisthesis of L5 on S1, leaving the spine unstable; electromyography-nerve conduction study of bilateral lower extremities (7-16-15) normal. The request for authorization was not present. On 8-25-15 Utilization Review non-certified the 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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back pain. There is no indication in the provided medical records or physical exam findings that would necessitate an internal medicine consultation to aid in diagnosis, prognosis or treatment. Therefore, the request is not medically necessary.