

Case Number:	CM15-0189142		
Date Assigned:	10/01/2015	Date of Injury:	01/27/2015
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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:

The injured worker is a 42 year old male, who sustained an industrial injury on 1-27-15. The injured worker was diagnosed as having lumbago, lumbar spine musculoligamentous sprain or strain, lumbar spine myospasms, cervical spine musculoligamentous sprain or strain, cervical spine myospasms, left shoulder arthralgia, right knee arthralgia and right shoulder internal derangement. Treatment to date has included an unknown number of physical therapy and acupuncture sessions. Physical examination findings on 8-25-15 included cervical spasms with suboccipital tenderness and pain with range of motion. Lumbar spasm and tenderness was noted with pain on range of motion. A positive sciatic stretch test was noted. On 8-25-15, the injured worker complained of pain in the neck with radiation to bilateral shoulders and low back pain with radiation to the lower extremities rated as 7 of 10. On 8-25-15, the treating physician requested authorization for an internist consultation. On 9-17-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internist consultation: Overturned

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, Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127.

Decision rationale: The 42 year old patient complains of persistent neck pain, rated at 7/10, radiating to bilateral shoulders, and lower back pain, rated at 7/10, radiating to lower extremities, as per progress report dated 08/25/15. The request is for internist consultation. The RFA for this case is dated 08/25/15, and the patient's date of injury is 01/27/15. Diagnoses, as per progress report dated 08/25/15, included lumbago, lumbar musculoligamentous sprain/strain, lumbar myospasm, cervical musculoligamentous sprain/strain, cervical myospasm, left shoulder arthralgia, right shoulder internal derangement, right knee arthralgia, and right ankle arthralgia. The patient is totally temporarily disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127 state that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient complains of chronic neck and low back pain. The treater is requesting for an internist consultation in progress report dated 08/25/15 to address the "fair amount of gastritis and acid reflux" the patient is experiencing at this time. The request appears reasonable as the patient may benefit from further evaluation. Hence, it IS medically necessary.