

<b>Case Number:</b>	CM15-0189172		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Emergency 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 injured worker is a 24 year old male, who sustained an industrial-work injury on 2-26-15. A review of the medical records indicates that the injured worker is undergoing treatment for chest pain, anxiety, stress and headaches. Treatment to date has included rest, Functional Capacity Evaluation (FCE), diagnostics, urine toxicology screen, off of work and other modalities. Medical records dated 6-30-15 indicate that the injured worker complains of headaches 4-5 days per week and intermittent chest pain that increases with movements. The pain is rated 6 out of 10 on the pain scale. Per the treating physician report dated 6-30-15 the injured worker has not returned to work. The physical exam dated 6-30-15 reveals clear lungs, good aeration, regular heart rate and rhythm and mild tenderness of the right pectoral region. The physician indicates that he prescribed Ibuprofen and Cyclobenzaprine along with compound topical creams. The requested service included Internal medicine consultation, for chest pain and headache, quantity of 1. The original Utilization review dated 8-25-15 non-certified the request for Internal medicine consultation, for chest pain and headache, quantity: 1 as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation, for chest pain and headache, quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, Prevention.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. This is a young patient with no medical problems with isolated hand injury. Exam and document states specially that patient appears to have muscular-skeletal chest pains. There is also no details such a locations, exacerbating factors etc. concerning concerns about headaches. There is no documentation of any basic conservative therapy attempt. There is no documentation as to what an internist can do about muscular chest pains or nonspecific headaches. The request is not medically necessary.