

Case Number:	CM15-0191492		
Date Assigned:	10/05/2015	Date of Injury:	11/14/2013
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 31 year old male, who sustained an industrial injury on 11-14-13. The injured worker was diagnosed as having lumbar spine disc degeneration and facet arthropathy. Treatment to date has included epidural injections, physical therapy, and medication including Norco and Duexis. On 8-17-15 the treating physician noted "spinal examination shows pain with extension and rotation. 5 of 5 motor examination. Paraspinal spasms are present there. Negative straight leg raising, cram, and Lasegue." The treating physician also noted "gastrointestinal examinations are all normal." No mention of sleep or sexual difficulty was noted. The treating physician's progress report noted a treatment plan to include a "neuro consult for complaints of sleep and sexual dysfunction and internal medicine consult for complaint of upset stomach." On 8-17-15, the injured worker complained of radiating pain in the left lower extremity. On 8-28-15 the treating physician requested authorization for a neurologist consultation and an internist consultation. On 9-4-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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: 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 detail the rationale or provide additional information for the requested evaluation. The medical documentation provided indicates the physician is requesting neurologist consultation to address sexual dysfunction and complaints of sleep. It is unclear what treatment attempts have been tried and failed. As such, the request for Neurologist consultation is not medically necessary at this time.

Internist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 indicates this consultation is being requested to address GI symptoms; however the medical documentation provided 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 Internist consultation is not medically necessary at this time.