

Case Number:	CM15-0197575		
Date Assigned:	10/13/2015	Date of Injury:	12/09/2005
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, West Virginia, Pennsylvania
 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 40 year old female, who sustained an industrial injury on 12-9-05. The injured worker is being treated for chronic lumbar myofascial pain, cervical myofascial pain, probable lumbar radiculitis, status post right shoulder arthroscopy and probable electrodiagnostically negative right carpal tunnel syndrome. (EMG) Electromyogram studies have been performed. Treatment to date has included oral medications including Norco. On 5-15-15 and 9-8-15, the injured worker complains of ongoing low back pain with occasional radiation to legs, w h i c h she feels is manageable with adjunct of the medication. She is currently working. Physical exam performed on 5-15-15 and 9-8-15 revealed tenderness in lower lumbar paravertebral musculature with restricted range of motion; on 5-15-5 decreased sensation of right hand and wrist was also noted over the volar aspect of the thumb, index and middle finger. The treatment plan included request for urine drug toxicology screen, consultation with internist and follow-up appointment. On 9-30-15 request for consultation with internist was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with internist: 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.

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

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of what specific conservative treatment this patient has received or description of specific subjective complaints or objective findings, which might warrant a consultation. The request for an internal medicine consultation is not medically necessary.