

Case Number:	CM15-0198404		
Date Assigned:	10/13/2015	Date of Injury:	02/05/2002
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for neck and low back pain (LBP) reportedly associated with an industrial injury of February 6, 2002. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for an internal medicine consultation. Office visits of September 23, 2015 and August 27, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported worsening complaints of neck and low back pain. The applicant had undergone earlier failed lumbar spine surgery and earlier herniorrhaphy surgery, it was reported. The applicant was using a cane to move about. The applicant was no longer working and had reportedly retired, the treating provider stated. The applicant was given refills of Norco and Flexeril. The applicant had comorbidities including diabetes, the treating provider acknowledged. On August 27, 2015, the applicant again reported worsening pain complaints. The note was thinly and sparsely developed. The applicant was described as having ongoing issues with diabetes, however. The applicant was asked to continue home exercises. An internal medicine evaluation was sought, although it was not clearly stated what diagnosis the attending provider intended the internist to address.

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): Cornerstones of Disability Prevention and Management.

Decision rationale: No, the request for an internal medicine consultation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the attending provider did not state what issue, diagnosis, and/or symptoms he intended for the internist to address. It was not stated whether the attending provider intended for the internist to address issues with diabetes, for instance, or some other diagnosis or symptom. Therefore, the request was not medically necessary.