

Case Number:	CM15-0043798		
Date Assigned:	03/13/2015	Date of Injury:	06/19/2014
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 06/19/2014. The patient sustained the injury due to a fall. He reported a back and neck injury and sustained a laceration of the right leg which received stitches. The injured worker is currently diagnosed as having lumbar/lumbosacral degenerative disc, sprain of neck, sprain of lumbar region, and open wound of knee/leg/ankle. Treatment to date has included MRI of the lumbar spine, MR Arthrogram of the left shoulder, physical therapy, and medications. In a progress note dated 02/02/2015, the injured worker presented with complaints of still having a lot of back pain and left shoulder pain. Physical examination revealed positive apprehension test on left shoulder, positive SLR and limited range of motion of the lumbar region. The treating physician reported referring the injured worker to an internist for treatment of his diabetic condition which has been aggravated by his injury. The past medical history includes DM since past 16 years. The patient has used an ACE wrap for this injury. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient has had MRI of the lumbar and hip on 1/8/15 that revealed disc herniation. The medication list includes Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol and Cyclobenzaprine. The medication list showing recent anti diabetic medication was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Consultation with an internist MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. a) Per the cited guidelines, "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." The past medical history includes DM (diabetes mellitus) since past 16 years. The details of treatment for DM (diabetes mellitus) since last 16 years were not specified in the records provided. Any recent lab report for diabetes was not specified in the records provided. A recent HBA1c value was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the Consultation with an internist was not specified in the records provided. A detailed rationale for the Consultation with an internist was not specified in the records provided. Any evidence of abnormal vital signs including pulse and blood pressure was not specified in the records provided. The medication list showing recent anti diabetic medication was not specified in the records provided. The medical necessity of the request for Consultation with an internist is not fully established for this patient.