

Case Number:	CM15-0051419		
Date Assigned:	03/24/2015	Date of Injury:	02/17/2009
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/18/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 41 year old male, who sustained an industrial injury on February 19, 2009. He reported chronic back, bilateral hip and left foot pain. The injured worker was diagnosed as having erectile dysfunction, esophageal reflux disease/gastritis, hypertension, asthma and insomnia. Treatment to date has included diagnostic studies, chiropractic care, medications and work restrictions. Currently, the injured worker complains of insomnia, erectile dysfunction, gastritis, gastroesophageal reflux, chronic back, bilateral hip and left foot pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he experienced a work related injury and as a result was treated with nonsteroidal anti-inflammatory agents. He reported heartburn with the medications. He was treated with medication for the stomach however reported the medication is no longer helpful. An internal medication consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. 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 patient has already received an internal medicine consult. The treating physician does not document why an Internal Medicine consultation 2nd opinion is being requested at this time and 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 Internal medicine consult is not medically necessary at this time.