

Case Number:	CM15-0060506		
Date Assigned:	04/06/2015	Date of Injury:	04/25/2007
Decision Date:	05/12/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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 Jersey, New York
 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 44 year old male, who sustained a work/ industrial injury on 4/25/07. He has reported initial symptoms of low back and right shoulder injury with pain. The injured worker was diagnosed as having lumbago status post lumbar fusion, disorders of the bursa and tendons in shoulder region, psychiatric issues, orchitis and epididymitis, various internal issues/disorders, right lower quadrant abdominal pain and right testicular pain. Treatments to date included surgery, injection right shoulder, diagnostics, pain management, physical therapy, internal medicine consults, lumbar Epidural Steroid Injection (ESI), chiropractic, massage acupuncture, conservative care and medications. The diagnostics included Magnetic Resonance Imaging (MRI) right shoulder. Currently, the injured worker complains of right shoulder pain rated 7/10 on pain scale, left side neck pain rated 6/10, left side low back pain rated 8/10, left testicle pain rated 8/10 and right side stomach pain rated 8/10. The pain was described as stabbing, sharp, burning with numbness and tingling. The treating physician's report (PR-2) from 1/16/15 indicated that the injured worker had difficulty sleeping due to pain and anxiety and depression. The objective findings revealed bilateral tenderness of the lumbar spine, lumbar spinal joint tenderness, facet joint tenderness and bilateral sacroiliac joint tenderness. There was decreased lumbar range of motion, positive Kemp's test and iliac compression test bilaterally with pain. The physician requested treatment plan included Referral internal medicine treatment for abdominal pain and testicular pain and Continue pain management treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral Internal Medicine Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As per the MTUS guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan. Consultations are warranted if there are persistent symptoms. The patient has had abdominal and testicular pain and has been seeing urology with a plan in place. It is unclear why an internal medicine consult is needed. The abdominal pain was not elaborated on in the notes, and physical exam findings were not included. Therefore, the request is considered not medically necessary.

Continue Pain Management Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As per the MTUS guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan. Consultations are warranted if there are persistent symptoms. The patient has had pain management in place for treatment but there is no documentation of improvement in pain and function. Continued care by pain management is unlikely to be beneficial at this time, therefore, the request is considered not medically necessary.