

Case Number:	CM14-0124788		
Date Assigned:	09/12/2014	Date of Injury:	08/02/2013
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with an 8/2/13 date of injury. At the time (6/9/14) of request for authorization for Internal Medicine Consult, there is documentation of subjective (cervical and lumbar back pain) and objective (decreased grip strength on the right, limited range of motion, and positive Neer's and Hawkin's signs) findings, current diagnoses (cervical and lumbar sprain with disc protrusion, bilateral shoulder sprain, and gastritis secondary to NSAIDs use), and treatment to date (medications (including ongoing treatment with Omeprazole)). Medical report identifies a request to defer to internal medicine for abdominal pain/gastritis secondary to NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Overturned

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, Independent Medical Examinations and Consultations, Chapter 7, Page 127 and Official Disability Guidelines (ODG) Lumbar Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar sprain with disc protrusion, bilateral shoulder sprain, and gastritis secondary to NSAIDs use. In addition, given documentation of a request to defer to internal medicine for abdominal pain/gastritis secondary to NSAIDs, there is documentation that the consultation is indicated to aid in the diagnosis, prognosis, or therapeutic management. Therefore, based on guidelines and a review of the evidence, the request for Internal Medicine Consult is medically necessary.