

Case Number:	CM14-0138124		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2013
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 45-year-old male plumber with a date of injury of 04/05/2013. He was standing on a ladder 10 feet off the ground and, when reaching overhead for a pipe he noted right shoulder and arm pain. There was no acute trauma. He had right shoulder x-rays. He noted repetitive motion injuries to the neck, shoulder, and back from installing pipes and plumbing. In 08/2013 he quit his job. An MRI dated 12/10/2013 of the lumbar spine, neck, and both shoulders revealed degenerative changes. On 12/16/2013 he had a pain management/psychological consultation. It was noted that he had adjustment disorder with anxiety and a depressed mood from chronic pain. On 02/03/2014 he had no dermatomal sensory deficit. Toe walk and heel walk were normal. Lumbar range of motion was decreased. Straight leg raising test was positive bilaterally. Gait was normal. Reflexes were normal. On 03/04/2014 he had bilateral shoulder, neck and back pain. On 04/14/2014 the bilateral shoulder, neck and back pain was 7/10. On 05/12/2014 the neck, shoulder and lumbar pain was 6/10. On 05/29/2014 during a functional capacity evaluation (FCE) he had a maximum lifting capacity of 8 pounds. His frequent lifting capacity was 4 pounds and his constant lifting capacity was 2 pounds. On 06/09/2014 it was noted that his depression and anxiety were worse. He had a loss of appetite and had gastritis secondary to NSAIDs (non-steroidal anti-inflammatory drugs). He had bilateral shoulder tendonitis/sprain and neck sprain. Blood pressure was 156/99 and the pulse was 57/min. Back, neck and shoulder pain was 7/10. Referrals/consultations with consultants in internal medicine, psychiatry and orthopedics were requested. He has been treated with chiropractic manipulations, medication, shock wave therapy, injections and physical therapy. On 07/17/2014 he stated that he has stress and elevated blood pressure measurements when going to the medical clinic. He has a primary care provider and has been prescribed Omeprazole. He never took medication for hypertension. He has been advised to go on a low salt diet by his primary care provider but has

not been compliant. He has not checked his blood pressure outside of the clinic. He has no symptoms attributed to hypertension. He lives with his family and helps with domestic chores. Blood pressure was 142/98. He is 5'6" tall and weighs 195 pounds. Heart sounds were normal. Gait, motor strength, reflexes and sensation were normal. Coordination was normal. He was able to stand on his toes and heels. Cranial nerves were intact. Follow up with a nurse practitioner in a month was recommended. On 08/04/2014 it was noted that he had been evaluated by an internist, as MRI and ultrasound were ordered by an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine (IM) consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pages 92 and 127

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), page 127

Decision rationale: The patient has great variation in his physical exam as evidenced by the FCE, where maximum lifting was 8 pounds, compared to another evaluation where strength was 5/5. The MTUS Chronic Pain Medical Treatment Guidelines are silent about referrals to a consultant in internal medicine. As noted in the clinical summary, the patient has a primary care provider and has been seen by an internist who ordered a MRI and ultrasound. The general guidelines in the ACOEM Practice Guidelines state that, for complex problems, referral to a specialist may be needed. However, deciding if the patient has white coat syndrome responsible for elevated blood pressure readings versus essential hypertension is not a complex problem. It is differentiated by out-of-office blood pressure measurements. It was suggested that he be followed by a nurse practitioner. The patient has already been told to decrease the salt in his diet but he has not been compliant. He has no family history of hypertension and no symptoms referable to hypertension. His brother has heart disease. High blood pressure measurements at a clinic are so common that many pharmacies have blood pressure measurements and offer this service. There is insufficient documentation to substantiate the medical necessity of an internal medicine referral for this patient who has already been seen by an internist.