

<b>Case Number:</b>	CM14-0169434		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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:

Pursuant to the progress report dated September 4, 2014, the IW complains of sharply increased head and neck pain. There is increased pain across the top of the shoulders. The pain is associated with difficulty falling asleep and staying asleep. She notes significantly increased gastric pain and epigastric pain and fullness. The epigastric pain causes nausea. She also notes a feeling of disequilibrium. Her regular doctor recommended an anxiety medication but she had a bad reaction so stopped the medication. Physical examination revealed cranial nerve II through XII is within normal limits. Alternating head rotation through +/-20 degrees induces increased vertigo. The secondary muscles of respiration are sharply increased with deep breathing. Cervical compression testing with 5 degrees of extension added induced sharp neck pain with burning like pain to the C3 and C4 dermatomal distributions. There was no physical examination of the abdomen in the medical record. The IW was diagnosed with cervical plexopathy; complex regional pain syndrome; discogenic cervical radiculopathy; mechanical neck pain syndrome; thoracic outlet syndrome, and loss of motion segment integrity/laxity of ligament, cervical spine. The provider is recommending an authorization for evaluation by an internist by virtue of adverse progression of gastritis/epigastric pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internist Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Consultations Chapter, page 127 and on the Official Disability Guidelines (ODG), Pain Section, Office Visits.

**Decision rationale:** The guidelines state occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, when the plan workforce of care may benefit from additional expertise. In this case, a progress note dated September 4, 2014 indicates the injured worker was having anxiety, significant difficulty falling asleep, increase gastric pain and epigastric pain and fullness. There are no physical findings on physical examination that correlate with the symptoms enumerated in this subjective status section. The assessment does not include abdominal pain/fullness. The medicines are not documented in medical record. The injured worker is being treated for complex regional pain syndrome and fibromyalgia and there are no physical findings warranting an internist evaluation at this time. Additional information may be gathered by the primary care physician including, but not limited adjusting medications with potential adverse side effects and checking stool sample. Consequently, an internist evaluation is not medically necessary at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for the Internist Evaluation is not medically necessary.