

<b>Case Number:</b>	CM14-0180512		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 31-year-old male with a date of injury of April 24, 2014. He was attacked and robbed and developed pain to the left knee and low back and ultimately the neck. He has had low back pain radiating at times to the left lower extremity, left shin pain, neck pain, episodes of daytime and nighttime urinary incontinence, episodic vomiting, and mild gastrointestinal discomfort that has reportedly improved with medication, likely Pepcid. An MRI scan of the low back was normal. MRI scan of the cervical spine revealed a disc protrusion at C3-C4 resulting in moderate to severe spinal stenosis. Electrodiagnostic studies of the upper and lower extremities were normal. An MRI scan of the left knee was normal. The physical exam has revealed tenderness and spasm of the lumbar and cervical spinal musculature, resolved tenderness of the knee, a normal upper extremity neurologic exam and diminished sensation in the left L5 dermatome level. A straight leg raise test on the left is positive. The injured worker has been treated with anti-inflammatories, muscle relaxants, opioids, and physical therapy. The diagnoses given are cervical sprain, internal derangement left knee, and lumbar radiculopathy. The urinary incontinence has resolved. The vomiting has been occurring sporadically.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internist Consultation with [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits

**Decision rationale:** Office visits are 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. In this instance, it appears that the injured worker has had intermittent vomiting and abdominal discomfort that may or may not be related to his use of anti-inflammatory medication. Therefore, Internist Consultation with [REDACTED] is medically necessary.