

Case Number:	CM14-0086118		
Date Assigned:	07/23/2014	Date of Injury:	02/06/2003
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male who reported an injury on 02/06/2003 due to a slip and fall. The injured worker reportedly sustained an injury to his low back and left knee. The injured worker failed to respond to conservative treatment and ultimately underwent microlumbar decompression at the L3-4 and L4-5 in 10/2013. The injured worker's postsurgical chronic pain was treated with medications. The injured worker was evaluated on 04/11/2014. It was documented that the injured worker had 10/10 pain without medications that was reduced to a 7/10 with medication usage. It was documented that the injured worker was able to attend social events and participate in activities of daily living due to medication usage and decreased pain levels. The injured worker's medications included pantoprazole for GI upset. Physical findings included limited cervical range of motion secondary to pain with significantly increased pain and decreased sensation in the left C5-6 dermatomal distribution. The injured worker also had restricted range of motion of the lumbar spine with decreased sensation in the L3, L5 and S1 left dermatomal distribution with decreased motor strength and a negative straight leg raising test bilaterally. The injured worker's diagnoses included lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis, bilateral knee pain, anxiety, chronic constipation, gastritis, vitamin D deficiency, chronic pain, constipation unspecified, dental trauma secondary to chronic pain, chronic tinnitus, and left knee internal derangement. The injured worker's treatment recommendations included a urine drug screen, refill of medications, and consultation with an internal medicine physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and consultations pg 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) 6, page 163.

Decision rationale: The requested internal medicine consultation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend specialty consultations when additional expertise is needed to assist in treatment planning beyond what can be provided by the treating provider. The clinical documentation submitted for review does not provide a justification for the need for consultation of an internal medicine physician. The clinical documentation supports that the injured worker's gastrointestinal complaints are well controlled with the current course of treatment. Therefore, an additional consultation would be considered duplicative. As such, the requested internal medicine consultation is not medically necessary or appropriate.