

<b>Case Number:</b>	CM14-0096473		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old individual was reportedly injured on June 6, 2003. The mechanism of injury was noted as a blunt force trauma, being struck by a horse. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'1", 195 pound individual who appeared to be in "severe distress." An antalgic gait pattern was reported, and a cane was required at a time due a walker was used, and the injured employee was unable to walk on the toes or heels. Tenderness to palpation was reported, and multiple surgical scars were noted in the anterior and posterior aspects of the trunk. A marked decrease to lumbar spine range of motion was noted and motor function was described as 4/5. Sensation was intact. Diagnostic imaging studies objectified postsurgical changes. Previous treatment included multiple medications, multiple surgeries, and pain management interventions. A request had been made for an internal medicine consultation and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine 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) Chapter 7, page 127

**Decision rationale:** As noted in the guidelines, a consultation is indicated when the diagnosis is uncertain or extremely complex. This is an individual who has low back injury, multiple surgeries, and a very active lifestyle and no longer has an active lifestyle and has gained some weight. It is not clear from the progress notes what diagnosis or clinical issue is being pursued that is uncertain or extremely complex. Based on the data presented, the request is not medically necessary.