

Case Number:	CM14-0199696		
Date Assigned:	02/12/2015	Date of Injury:	01/22/2012
Decision Date:	05/21/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 44-year-old male, who sustained an industrial injury on 1/22/12. The injured worker has complaints of low back pain. The diagnoses have included status post-operative lumbar instrumentation and fusion at L4-5 and L5-S1 (sacroiliac) performed 9/9/13; lumbar disc disease and lumbar intervertebral disc herniations. Treatment to date has included lumbar fusion at the L4-L5 and L5-S1 (sacroiliac) levels; X-rays of the lumbar spine; acupuncture; bilateral laminectomy and partial facetectomy and medications. The request was for internal medicine consultation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are

present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was insufficient documentation explaining the request for an internal medicine consultation, upon review of the notes available. There was a note suggestive of a referral to a pain management physician. Therefore, without more clear indication of the request, the internal medicine consultation will be considered medically unnecessary at this time.