MAXIMUS Federal Services

Case Number:	CM14-0213701		
Date Assigned:	12/31/2014	Date of Injury:	05/11/2011
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 29-year-old male with an original date of injury of May 11, 2011. The industrial diagnoses include cervical strain, lumbar strain, and right shoulder impingement. The disputed issue at this time is in internal medicine consultation. A request for authorization dated November 13, 2014 explains that the rationale for the internal medicine consultation was to address gastrointestinal upset secondary to medication. The utilization review determination on December 4, 2014 had noncertified this request. The rationale for this was that the "subjective and objective findings do not indicate evidence of continued gastrointestinal upset symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Internal medicine consultation: Upheld

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

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." A request for authorization dated November 13, 2014 explains that the rationale for the internal medicine consultation was to address gastrointestinal upset secondary to medication. However, the progress note associated with this requests for internal medicine consultation on November 13, 2014 is handwritten and largely illegible. There is no clear explanation of what offending medication is believed to be causing the G.I. upset. An adequate description of the extent of the gastrointestinal upset, and description such as triggering causes, duration, quality of pain, and other factors are not listed. Given this lack of documentation, this request is not medically necessary.