

Case Number:	CM15-0100907		
Date Assigned:	06/03/2015	Date of Injury:	09/27/2014
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Emergency Medicine

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 50 year old male, who sustained an industrial injury on 9/27/2014. He reported being struck by a forklift and landing face down on the ground. The injured worker was diagnosed as having cervical disc displacement, lumbar disc displacement, and rotator cuff syndrome, not otherwise specified. Treatment to date has included diagnostics, physical therapy, and medications. Currently (4/13/2015), the injured worker complains of pain in his cervical and lumbar spines and bilateral shoulders. Acupuncture and physical therapy were approved. Objective findings included tenderness at the rotator cuff and positive impingement. Work status was total temporary disability. The treatment plan included an internal medicine consultation for symptoms related to the cervical spine, lumbar spine, and bilateral shoulders. The rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult for symptoms related to the cervical spine, lumbar spine and bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): red flag conditions, Chronic Pain Treatment Guidelines page 1, Part 1: Introduction
Page(s): 1.

Decision rationale: The requested Internal medicine consult for symptoms related to the cervical spine, lumbar spine and bilateral shoulder, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain in his cervical and lumbar spines and bilateral shoulders. Acupuncture and physical therapy were approved. Objective findings included tenderness at the rotator cuff and positive impingement. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Internal medicine consult for symptoms related to the cervical spine, lumbar spine and bilateral shoulder is not medically necessary.