

<b>Case Number:</b>	CM15-0016008		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 59-year-old female, with a reported date of injury of 08/04/2011. The diagnoses include cervical spine strain/sprain and rule out Discogenic disease. Treatments have included physical therapy and oral medications. The progress report dated 12/11/2014 indicates that the injured worker complained of increased lumbar spine symptoms. The objective findings included cervical spine pain, left shoulder impingement, decreased sensory at L4-5, and positive straight leg raise test with pain and limited range of motion. The treating physician requested an internal medicine consultation. The rationale for the request was not included. On 01/08/2015, Utilization Review (UR) denied the request for an internal medicine consultation, noting a lack of documentation of objective findings indicating the need for an internal medicine consultation. The MTUS ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127, ch 7.

**Decision rationale:** Per ACOEM guidelines, consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. From review of the clinical documentation provided, it is unclear as to what reason an internal medicine consultation is being requested. It would not be indicated at this time.