

Case Number:	CM15-0116795		
Date Assigned:	06/25/2015	Date of Injury:	07/17/2009
Decision Date:	11/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 7-17-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine herniated nucleus pulposus (HNP). On 5-18-2015, the injured worker reported continued low back pain with continued bilateral lower extremity pain and weakness. The Primary Treating Physician's report dated 5-18-2015, noted weakness in the bilateral lower extremity with spasms. The treatment plan was noted to include requests for authorization for a lumbar spine MRI and internal medicine consult for acid reflux. The injured worker was recommended to remain off work until the next appointment. The internal medicine referral request form dated 5-20-2015, noted the injured worker was suffering from symptoms of gastrointestinal (GI) complications secondary to medication usage with aggravation of his diabetes and hypertension. The documentation provided did not include any documentation of the injured worker's current medications, blood pressure, or recent medical history. The request for authorization dated 5-20-2015, requested a consultation with an internist as an outpatient. The Utilization Review (UR) dated 6-5-2015, non-certified the request for a consultation with an internist as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with An Internist As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. 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) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2009 with a back injury. The consult would be for acid reflux. There was also reported to be an aggravation of his diabetes and hypertension. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation 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. It is not clear what has been tried and is unsuccessful at the primary care level. It is not therefore clear what role the specialist consult would play. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.