

Case Number:	CM15-0174803		
Date Assigned:	09/16/2015	Date of Injury:	05/18/2012
Decision Date:	10/19/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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, Indiana, New York
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(n) 56 year old male, who sustained an industrial injury on 5-18-12. The injured worker was diagnosed as having cervical disc bulge, thoracic strain, lumbar disc rupture, bilateral shoulder strain, right hip strain, right hip strain and right foot strain. On 9-30-14, the injured worker was evaluated by an internal medicine physician, who noted elevated blood pressure (150-92) and chest pain. The treating physician ordered an EKG, an exercise treadmill study and a DASH diet. The physical exam (4-22-15 through 6-9-15) revealed a positive straight leg raise test at 60 degrees and light touch sensation intact in the right upper extremity. The documentation indicates that the injured worker is seeing an internal medicine physician on a regular basis. Treatment to date has included a lumbar epidural injection in 3-2015 with 50% pain improvement, a lumbar brace, extracorporeal shockwave therapy and Tylenol. As of the PR2 dated 7-29-15, the injured worker reports constant pain in his lower back that radiates to the legs. Objective findings include "painful" lumbar range of motion and light touch sensation intact in the left leg. The treating physician requested a follow-up visit with internal medicine specialist. The Utilization Review dated 8-20-15, non-certified the request for a follow-up visit with internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with internal medicine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Follow-up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visit internal medicine specialist is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are cervical spine disc bulge; thoracic spine strain; lumbar spine disc rupture; right shoulder strain; left shoulder strain; right hip strain; right knee strain; and right foot strain. Date of injury is May 11, 2012. Request for authorization is dated August 10, 2015. According to a new patient evaluation dated July 29, 2015, there are no internal medicine complaints documented. Subjectively, the injured worker complains of neck pain, back, bilateral shoulder, right hip and foot pain. Objectively, there is a preprinted light touch sensation section indicating left anterior thigh and, left lateral Intact and left lateral ankle intact. Within the body of the documentation there is an entry regarding chest and abdomen. There is no other clinical support subjectively or objectively. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation supporting internal medicine complaints and no subjective or objective findings supporting internal medicine complaints, follow-up visit internal medicine specialist is not medically necessary.