

Case Number:	CM15-0020961		
Date Assigned:	02/10/2015	Date of Injury:	04/07/2008
Decision Date:	07/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47-year-old female, with a reported date of injury of 04/07/2008. The diagnoses include cervical disc disorder with myelopathy, shoulder region disorders, brachial neuritis or radiculitis, and wrist sprain/strain. Treatments to date have included oral medications, x-rays of the lumbar spine, x-rays of the cervical spine, electrodiagnostic studies of the upper extremities, and two-level cervical spine fusion. The follow-up report dated 10/20/2014 indicates that the injured worker had continued neck pain following a cervical arthrodesis in 04/2013. She also continued to experience pain and burning in the third, fourth, and fifth fingers of the right hand. The injured worker complained of significant lower back pain, with radiation into the lower extremities with numbness and weakness. The examination showed spasms and tenderness in the paravertebral musculature of the cervical and lumbar spines, decreased range of motion on flexion and extension, and decreased sensation over the C6 and L5 dermatomes bilaterally with pain. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested an Internist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internist Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The provided clinical documentation does not establish medical necessity for internist consult and therefore the request is not medically necessary.