

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0069164 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 05/18/2012 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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, California

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:

This is a 56 year old male patient, who sustained an industrial injury on 5/18/2012. The current diagnoses include cervical disc bulge, thoracic spine strain, lumbar spine disc rupture, right/left shoulder strain, right hip strain, right knee strain, and right foot strain. According to the progress report dated 3/18/2015, he had complains of neck, upper back, lower back, bilateral shoulders, right hip, right knee, and right foot pain as well as cramping of hands and legs for past 2 weeks. Additionally, he reports ongoing erection problems. The current medication list is not specified in the records provided. Treatment to date has included lumbar epidural steroid injection 10 days prior. He notes improvement of more than 50%. Not interested in therapy currently. The plan of care includes consult with internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request: Consult with internal medicine specialist. MTUS guidelines, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines, "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 rationale for internal medicine specialist referral is not specified in the records provided. Any evidence that the diagnosis is uncertain or extremely complex is not specified in the records provided. Any abnormal diagnostic study reports with significant abnormalities is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. The medical necessity of Consult with internal medicine specialist is not fully established for this patient.