

Case Number:	CM15-0094098		
Date Assigned:	05/20/2015	Date of Injury:	03/26/2010
Decision Date:	07/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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
 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 28 year old female, who sustained an industrial injury on March 26, 2010. She reported low back pain and radiating pain, tingling and numbness in the right lower extremity. The injured worker was diagnosed as having chronic right low back pain, right lower extremity radicular pain with subjective weakness, Magnetic resonance imaging (MRI) of the lumbar spine evidence of annular fissures and discogenic low back pain, right sacroiliitis, possible hypertension and urological diagnosis referred to the appropriate specialist. Treatment to date has included radiographic imaging, diagnostic studies, multiple lumbar and sacral injections, physiotherapy, medications and work restrictions. Currently, the injured worker complains of migraine headaches, low back pain and radicular symptoms to the right lower extremity. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported multiple falls secondary to the right leg giving way. Evaluation on February 3, 2015, revealed continued pain as noted. She reported after core strengthening exercises the back pain was less than before. Possible hypertension was noted. She was referred to the appropriate specialist. An internal medicine consultation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Internal Medicine Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National clinical guideline centre. Hypertension. Clinical management of primary hypertension in adults. London (UK): National institute for health and clinical excellence (NICE): 2011 Aug 36 p. (Clinical guideline; no. 127).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management page(s): 75. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004) Chapter 7 Independent Medical Examiner page 127 and Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The progress report dated 11/11/14 documented elevated blood pressure 148/90 and heart rate 124. The progress report dated 12/05/14 documented elevated blood pressure 148/84 and heart rate 106. The progress report dated 02/03/15 documented elevated blood pressure 147/108 and heart rate 120. Possible hypertension was the impression. Referral to Internal Medicine specialist was requested. The medical records document elevated blood pressure and heart rate at three clinic visits. The medical records indicate that the patient would benefit from the expertise of an Internal Medicine specialist. The request for specialty referral and consultation is supported by MTUS, ACOEM, and ODG guidelines. Therefore, the request for referral to Internal Medicine specialist is medically necessary.