

<b>Case Number:</b>	CM14-0155094		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 26-year-old female who reported an injury on 03/23/2009. The mechanism of injury was reportedly multiple falls from a plane. Her diagnoses were lumbar radiculopathy, lumbar disc displacement without myelopathy, lumbar degenerative disc disease, lumbosacral sprain/strain, ankle and foot pain in joint, and long term use of other medications. Past treatments included physical therapy, a home exercise program, an ankle brace, and medications. Her diagnostics were not specified. Her surgery included a left ankle arthroscopic exploratory surgery on 09/03/2010. On 08/26/2014, the injured worker reported increased pain in her right hip and left foot and reported that she would be undergoing surgery on her left ankle on 08/27/2014. She reported that her right hip and low back pain have become progressively severe. The physical examination revealed decreased sensation to the left L4 and decreased sensation to the left L5. Her strength was decreased in the left lower extremity. She had tenderness to palpation to the lumbosacral spine and an antalgic gait. Her medications included Norco 5/325 mg, nabumetone 500 mg, zolpidem tartrate 10 mg, Nizatidine 150 mg, and Medrol 4 mg. The treatment plan was for a consult for internal medicine versus GI consultation. The rationale for the request was to evaluate persistent right side abdominal/flank pain and blood test abnormalities. The Request for Authorization form was submitted on 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult: Internal Medicine vs GI Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Based on the clinical information submitted for review, the request for a consult for internal medicine versus GI consult is not medically necessary. According to the Official Disability Guidelines, the necessity for a clinical office visit with a healthcare provider is individualized based upon review of the injured worker concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The physician noted that he was requesting a consultation to evaluate persistent right side abdominal/flank pain and blood test abnormalities; however, there is insufficient objective data that show that the injured worker complained of right sided abdominal/flank pain, and there were no lab results that showed test abnormalities. Furthermore, the request does not specify which consultation the physician is requesting as it can only be one or the other. As such, the request for a consultation for internal medicine versus GI consultation is not medically necessary.