

Case Number:	CM13-0022800		
Date Assigned:	04/25/2014	Date of Injury:	01/06/2011
Decision Date:	06/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 claimant is a 53 year old man who sustained a work-related injury on January 6, 2011. Subsequently, the patient developed chronic back pain. According to a note dated on July 8, 2013, the patient was complaining of pain in the mid and low back pain. His physical examination demonstrated lumbar tenderness with reduced range of motion. The patient used anti-inflammatory drugs for pain control which cause a GI upset. The provider stopped anti-inflammatory drugs. The provider requested authorization for GI consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATIONS GASTROENTEROLOGY DIGESTIVE SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, EARLY INTERVENTION Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no documentation that the patient continued to have

GI symptoms after holding on anti-inflammatory drugs. There is no clear justification of GI consultation. Therefore the request Consultations Gastroenterology Digestive System is not medically necessary.