

Case Number:	CM13-0024036		
Date Assigned:	12/04/2013	Date of Injury:	03/27/2009
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family 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 physician 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 patient is a 31 yr old male claimant who sustained a work injury on 3/27/2009 with subsequent back pain and Lumbago. A recent exam report on 7/31/13 indicated that he had a normal abdominal and musculoskeletal exam. His pain was managed with Lyrica, Cymbalta and Naprosyn. That same day a referral was given for GI consultation for loose bowel movement management.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Consultation qty 1 RFA 8/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: According to the ACOEM Guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case there is no physical

examination or subjective patient complaint to justify a GI consultation. In addition, there was no basic medical work up including attributing to medicinal side effects, gastroenteritis, transient diet related loose stool, testing for blood, etc. The request for a GI Consultation qty 1 RFA 8/26/13 is not medically necessary and appropriate.

series of 8 GI followup visits RFA 8/16/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case there is no physical examination or subjective patient complaint to justify reason for GI consultation. In addition, there was no basic medical work up including attributing to medicinal side effects, gastroenteritis, transient diet related loose stool, testing for blood, etc. A GI referral for consultation is not medically necessary as noted in the above Decision #1. The request for 8 GI followup visits RFA 8/16/13 is not medically necessary and appropriate.