

<b>Case Number:</b>	CM13-0048533		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old male with a date of injury of 05/10/2013. The listed diagnoses per [REDACTED] dated 09/30/2013 are: 1. Stressful environment 2. Anemia 3. Hypertension 4. Rule out panic attacks 5. Rule out IBS There are two reports provided for review. Doctor's first report dated 09/30/2013 by [REDACTED] states patient "developed high blood pressure, chest pain, labored breathing and internal bleeding due to high stress levels." Patient was noted to have high blood pressure, stress, anxiety and depression. Blood pressure was noted as 170/100. Treater requests a GI consult, ultrasound of the abdomen, and psyche eval. Progress report dated 06/12/2013 by [REDACTED] states patient complains of being over-worked and stressed. He is being seen by his PCP due to high blood pressure, heart burn, and anxiety. Examination showed no acute distress, cooperative with symptoms of anxiety. Treater requests refill of medications and psychologist referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound (Plain):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://publications.nice.org.uk/irritable-bowel-syndrome-in-adults-cg61/patient-centred-care>)

**Decision rationale:** This patient presents with "high blood pressure, chest pain, labored breathing and internal bleeding due to high stress levels." Treater requests an ultrasound of the abdomen. The MTUS, ACOEM and ODG guidelines do not discuss ultrasounds for the abdomen. Utilization review dated 10/15/2013 states the patient has been authorized for a GI consultation. The treater is concerned about possible internal bleeding and also lists a diagnosis of Irritable Bowel Syndrome. It would not appear that an U/S of the abdomen is the test of situation for either of these conditions. The patient has been authorized for an internal medicine consultation who may better guide the choice of appropriate testing and imaging studies. IBS is a clinical diagnosis and for internal bleeding, endoscope/colonoscopy or CT scan may be a better choice. The treater does not discuss any suspicion for trauma/organ damage, hernia or tumor. Recommendation is for denial.

**Psychiatric Consult:** Overturned

**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:** This patient presents with complaints of stress, anxiety and stress. [REDACTED] in his Doctor's first report dated 09/30/2013 requests a Psychiatric consult as the patient presents with "high stress levels." Medical records show prior treating physician [REDACTED] also made a request for a psychiatrist referral which was certified on 06/21/2013. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, the patient has already been approved for a psychiatrist referral on 06/21/2013. It is not known whether or not this prior authorization was carried out given the patient's change to [REDACTED]. Recommendation is for authorization.

**Initial Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137.

**Decision rationale:** This patient presents with complaints of stress, anxiety and depression. Treater requests a FCE as "it is very important for the PTP or AME/AME to recognize the assessment of the ADLs start at the beginning of treatment plan, regularly assess ADLs

throughout treatment, as opposed to having the ADLs assessed for the first time at the MMI." ACOEM guidelines p137, 139 do not support routine use of FCE. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. Recommendation is for denial of the request.