

Case Number:	CM13-0065913		
Date Assigned:	01/03/2014	Date of Injury:	02/19/2013
Decision Date:	04/10/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/16/2013

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:

This patient is a 26-year-old male with date of injury 02/19/2013. Per report 12/04/2013, presenting symptoms of back pain, stomach pain with description of accident stated as "internal" diagnoses is that of abdominal pain, orthopedic injury, and recommendation is for EKG, urine dipstick, CBC, thyroid panel. Under discussion, this report states "The patient has developed stomach pain after the injury appeared chronic and has been shown to play a substantial factor in the development of gastritis." The treating physician felt that after examination, the patient's gastritis was industrial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for follow up office visit for abdominal pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with stomach pain and gastritis. The treating physician has asked for followup office visits. Recommendation is for authorization. ACOEM Guidelines

allow for physician monitoring and evaluation for ongoing problems. MTUS Guidelines page 8 also discuss need for physician monitoring as well. Recommendation is for authorization.

Decision for venipuncture for CBC/(SMA)-19 chemistry 19/sedimentation ration (SED ratio)/thyroid panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5(2)

Decision rationale: This young 26-year-old patient presents with stomach pain with a diagnosis of gastritis. The treating physician has asked for CBC/chemistry panel/sed rate. Recommendation is for authorization. Given that this patient presents with stomach problems, initial evaluation with general laboratory including CBC, chemistry panel, and sed rate appear medically reasonable to rule out various chemical imbalance, metabolic syndrome, and generalized inflammation condition. MTUS, ACOEM, and ODG Guidelines do not specifically discuss laboratory for this particular condition.

Decision for urine dipstick: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: This patient presents with stomach pain and a diagnosis of gastritis. The treating physician has asked for urine dipstick. Recommendation is for authorization. Urinalysis can diagnose UTI as well as tip-off a diagnosis of possible diabetes and other issues. This young individual is presenting with some stomach discomfort and evaluation with a urinalysis appears medically reasonable, and recommendation is for authorization.

Decision for outpatient ECG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0073.html

Decision rationale: This patient presents with stomach pain that the treating physician feel is due to industrial injury. The treating physician has recommended an EKG monitoring which is requested on his report 12/04/2013. This patient has a diagnosis of gastritis per this report as well as another report from 11/19/2013. The treating physician does not explain why an EKG is

necessary on this healthy 26-year-old with gastritis symptoms. MTUS, ACOEM nor ODG Guidelines discuss EKG monitoring in the context of chronic pain. Therefore, Aetna Clinical Policy Bulletin for cardiac event monitoring is consulted. Aetna Guidelines consider EKG monitoring necessary to document arrhythmia, ST segment depression or suspected ischemia, to document the benefits after initiating drug therapy for an arrhythmia, to document the results after ablation procedure, to evaluate syncope and lightheadedness. These guidelines does not discuss the need for EKG monitoring in evaluating gastritis. Again, it is not clear why the treating physician has asked for an EKG monitoring on this otherwise healthy young individual that presents with stomach pain. Recommendation is for denial.