

<b>Case Number:</b>	CM14-0003845		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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:

This is a 44-year old female patient with a 1/2/2003 date of injury. She was injured over a long period of time while working as an Assembler and having to work with small medical parts. Initially, she developed low back pain while lifting. She was transferred to a clerical position and exacerbated her complaints. The patient now presents with a complex medical history spanning several years. She had several pre-op medical internal medicine consultations regarding abdominal pain and hypertension. She also had complains of cervical pain. Treatment to date has included prolonged medication management, carpal tunnel release surgery in 2006, physical therapy, and lumbar ESIs. In 2011, the patient had upper and lower GI endoscopies performed, when ulcers, possibly related to medications, were discovered. In 2011, the patient underwent a hysterectomy. A requested for internal medicine evaluation for gastritis was made. There is documentation of a previous adverse determination on 12/30/2013 because there were no subjective or objective findings that would corroborate the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERNAL MEDICINE EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(127,156) . Also, Official Disability Guidelines (ODG) Pain Chapter, Consultation

**Decision rationale:** CA MTUS states that consultations are recommended, and a 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. This patient with multiple medical concerns had several internal medicine evaluations regarding to pre-op abdominal pain, blood pressure. There was a note on 12/2/13 which requested evaluation of gastritis. However, there is no medical documentation to support this request. In addition, in a 12/2/2013 medical report there were no specific questions provided to be addressed through the requested consultation. While a previous UR indicated a consultation was requested for gastritis, there were no recent clinical findings to corroborate the suspicion for gastritis. Also, there is no evidence that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. In 2011, the patient had upper and lower GI endoscopies performed, when ulcers, possibly related to medications, were discovered. It is unclear how the patient's GI pathology progressed since endoscopy. Therefore, the request for an INTERNAL MEDICINE EVALUATION was not medically necessary.