

<b>Case Number:</b>	CM14-0004468		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 55 year-old male with a history of a work injury while working at a correctional facility with date of injury of 07/02/13. He was seen on 09/24/13 for an internal medicine evaluation. His history of work in the correctional system was reviewed. The assessment references work-related stress. Physical examination findings included a height of 5 '10 " and weight 228 pounds. There was lower extremity edema. Lab test results were reviewed and had shown decreased iron with a mild iron deficiency anemia. He had an elevated sedimentation rate of 46. He had elevated lipids and elevated hemoglobin A1C. There was trace blood in the urine. A cardiac stress test performed and terminated due to fatigue. It was abnormal with diastolic hypertension after completion. Diagnoses included significant coronary artery disease, hypertension with ventricular hypertrophy, insomnia, iron deficiency anemia, and hyperlipidemia. A gastroenterology consult and gastroscopy were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gastroenterology consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. Page 127,156

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for stress related medical problems including hypertension. He has an iron deficiency anemia and elevated sedimentation rate without identified cause. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. Guidelines also recommend an assessment of the work relatedness of associated conditions. In this case if the claimant was found to have a GI loss of blood, whether this was due to a gastric ulcer or from the colon would potentially help to determine causation. In this case, the cause of these abnormal lab findings is unclear and therefore the requested gastroenterology consult is medically necessary.

**Gastroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Upper Gastrointestinal Endoscopy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines, (1) Chapter 2: General Approach to Initial Assessment and Documentation, p31-33 (2) Chapter 7: Independent Medical Examinations and Consultations, p127

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for stress related medical problems including hypertension. He has an iron deficiency anemia and elevated sedimentation rate without identified cause. In this case, the requesting provider has also requested a gastroenterology consult in order to clarify the claimant's situation. The need for any additional testing such as gastroscopy would be dependent on the results of that evaluation. Requesting authorization for gastroscopy at this time was not medically necessary.