

<b>Case Number:</b>	CM14-0108339		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/11/1998
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on 9/11/1998. The mechanism of injury was noted as a low back injury. The most recent progress notes, dated 5/29/2014 and 6/26/2014, indicated that there were ongoing complaints of pain in almost her entire body. Physical examination documented spasm, tenderness and guarding in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion and decreased dermatome sensation in the bilateral C6 and L5 dermatomes. EMG/NCV studies of the upper and lower extremities from 2012 were negative. No recent diagnostic imaging studies available for review. Diagnoses: Cervical radiculopathy, thoracic sprain/strain, lumbar radiculopathy, shoulder, elbow, hip, knee and ankle tendinitis/bursitis. Previous treatment included epidural steroid injections and medications. A request had been made for internal medicine consult for epigastric pain/gastritis, which was not certified in the utilization review on 6/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consult for epigastric pain/gastritis:** 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), Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** MTUS/ACOEM practice guidelines state "The occupational 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." Review, of the available medical records, documents chronic pain since a work-related injury in 1998 but fails to give a clinical reason to transfer care to an internal medicine specialist, other than "epigastric pain". Furthermore, there is no abdominal exam, or complete list of medications to include previous treatments. Given the lack of clinical documentation, this request is not medically necessary.