

Case Number:	CM14-0108884		
Date Assigned:	08/01/2014	Date of Injury:	09/14/2013
Decision Date:	09/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/14/2014

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:

The injured worker has been diagnosed with a lumbar condition. Date of injury was 09/14/2013. The injured worker has a history of hematemesis associated with Motrin. Initial pain management evaluation report dated 06/12/14 was provided by [REDACTED]. On 09/14/2013, the patient was kneeling and felt a sharp pain over the left lower back. He underwent multiple sessions of physical therapy and had an X-ray and an MRI of the lumbar spine. He eventually had a radio frequency ablation of the medial branches in his lower back. The injured worker reports moderately severe, constant pain. He has had moderate relief with heat, ice and chiropractic. He has tried Vicodin, Tylenol, Aspirin, Motrin, Soma and Flexeril. He had a hernia repair in 1983. He did have several episodes of hematemesis while he started Motrin so he has sensitivity to anti-inflammatories. Physical examination was documented. The injured worker is alert, oriented and pleasant. He is able to rise from a seated position. He is not using any assistive devices in the office on today's date. Straight leg raise in a seated position at 50 degrees is positive. Motor strength is 5/5 in bilateral lower extremities. He has tenderness over the left lumbar spine over the paravertebrals between L1 and L5. He has left sacroiliac joint tenderness. There is no greater trochanteric tenderness. Diagnoses are lumbar radiculopathy, lumbago, sleep disturbance, several episodes of hematemesis with use of non-steroidal anti-inflammatories. Treatment plan included EMG (Electromyography)/NCS (nerve conduction study) of bilateral lower extremities, Norco 2.5/325, Lumbar brace, Chiropractic and Acupuncture. Referral to Internal Medicine to evaluate his gastrointestinal irritation and hematemesis was requested. Utilization review decision date was 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consult visit with an internist to evaluate gastrointestinal irritation and hematemesis secondary to lumbar spine symptoms/injury as an outpatient: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Medical treatment utilization schedule (MTUS) does not specifically address the request for Internal Medicine consultation. ACOEM Chapter 7 Independent Medical Examiner states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise.

Decision rationale: Medical treatment utilization schedule (MTUS) does not specifically address the request for Internal Medicine consultation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examiner states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The injured worker has a history of hematemesis associated with Motrin. He reported several episodes of hematemesis while he started Motrin so he has sensitivity to anti-inflammatories. Referral to Internal Medicine to evaluate his gastrointestinal irritation and hematemesis was requested. Hematemesis is the vomiting of blood, and is a sign of serious pathology. Therefore, the injured workers course of care would benefit from additional expertise and an Internal Medicine consultation. Therefore, the request for 1 Consult visit with an Internist to evaluate gastrointestinal irritation and hematemesis secondary to lumbar spine symptoms/injury as an outpatient is medically necessary. Therefore, the request for 1 Consult visit with an internist to evaluate gastrointestinal irritation and hematemesis secondary to lumbar spine symptoms/injury as an outpatient is Medically Necessary.