

Case Number:	CM14-0010419		
Date Assigned:	02/21/2014	Date of Injury:	05/01/2012
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic surgery and is licensed to practice in Arizona. 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 41-year-old male sustained an injury on 5/1/2012 when he had to slam on his brakes and the equipment in the back of his truck slammed into his back cage. There was no accident but the patient had a "good jolt". As a result of this jolting injury the patient developed pain in his right shoulder, right elbow, low back, and right wrist. He also sustained a dislocation of his left shoulder on 6/2/2013 which he attributes to his low back injury and a resulting fall. He also relates a history of headaches, nausea, vomiting, and abdominal pain. The patient had a medical consultation on 8/19/2013 to evaluate his abdominal pain, constipation, and headaches. At that time, he denied any nausea or vomiting. The diagnosis at that time was gastro-esophageal reflux disease (GERDS), abdominal pain, constipation, cervicogenic headaches, and medication-induced gastritis. The treatment plan included continuing omeprazole 20 mg daily, stool softener and laxative and follow-up in 4 weeks. A medical follow-up was done on 9/16/2013. At that visit, there was a re-statement of the treatment plan recommended on the initial visit. No new medications or treatments were rendered and the patient was recommended to follow-up in 4 weeks. A second follow-up visit for abdominal pain, constipation, and headaches was done on 10/14/2013. At that visit, a request was made for an abdominal ultrasound. The patient underwent the ultrasound on 12/10/2013 and it was interpreted as normal. The patient had an interventional pain management consultation on 9/12/2013. The consultation concluded the patient had left sacroiliac joint pain, chronic pain syndrome, cervical radiculopathy, lumbar radiculopathy, and facet arthropathy at the cervical and lumbar spine. He recommended electromyography (EMG) and nerve conduction studies of the upper and lower extremities and possible median nerve branch blocks at C6-C7 and a left sacroiliac joint injection. He recommended a follow-up visit in 12 weeks. The patient underwent EMG and nerve conduction studies of the upper and lower extremities on 9/17/2013. The study showed no evidence of focal

nerve entrapment, cervical radiculopathy, lumbar radiculopathy, or generalized peripheral neuropathy. At a follow-up visit with interventional pain management on 12/2/2013, a recommendation was again made for a sacroiliac joint injection and possibly median nerve branch blocks in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH FAMILY PRACTICE PHYSICIAN FOR GI SYMPTOMS: 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, office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127, and Non-MTUS: Official Disability Guidelines (ODG), Pain, office visits.

Decision rationale: The MTUS/ACOEM states that health practitioners 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. The Official Disability Guidelines (ODG) states that office visits with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable at physician judgment. This patient has had several office visits for his abdominal problems. The recommendations initially were omeprazole, stool softeners and laxatives. Finally abdominal ultrasound was requested and obtained; this was negative. After this, there was no further plan of care except a follow-up in 8 weeks. Therefore, since there is a lack of any further treatment plans or diagnostic input, the medical necessity for need for additional follow-up by the family practice physician for gastrointestinal (GI) symptoms has not been established.

FOLLOW UP WITH PAIN MANAGEMENT: 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, office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127, and Non-MTUS: Official Disability Guidelines (ODG), Pain, office visits.

Decision rationale: There were two consultations by pain management providers. There was a single PDR-2 (physician note) by pain management consultants without any documentation of recommendations or goals for functional improvement. There was a second consultation by an interventional pain management consultant who recommended electrodiagnostic studies and

when he had reviewed these and the MRI (magnetic resonance imaging), recommended an injection of the sacroiliac joint which was denied. He also recommended, on 2 visits, that sometime in the future the patient may need medial nerve branch blocks. He did not recommend any functional restoration program in conjunction with these interventions. The injection of the sacroiliac joint was denied. Therefore, without further specific recommendations for treatment and since the single specific recommendation was denied, the medical necessity for continuing follow-up with pain management has not been established.