

Case Number:	CM14-0015400		
Date Assigned:	02/28/2014	Date of Injury:	10/14/2008
Decision Date:	10/06/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 52 year old employee with date of injury of 10/14/2008. Medical records indicate the patient is undergoing treatment for obesity with post traumatic weight gain, GERD-secondary to stress and medications, history of rectal bleeding and abdominal pain rule out irritable bowel syndrome. Subjective complaints include GI abdominal pain, gastroesophageal reflux disease, constipation and bright red blood per rectum stress, gastritis, depression, anxiety and weight gain. Objective findings include positive bowel sounds; 1+ epigastric tenderness to palpation; no guarding; no rebound; no flank pain and no organomegaly. Patient declined a rectal and genitourinary exam. Treatment has consisted of an initial GI consultation blood work, Abilify, Celexa, Omeprazole, Ativan, Norco, Soma, Gabapentin and Dexilant. The utilization review determination was rendered on 1/29/2014 recommending non-certification of a GASTROINTESTINAL CONSULTATION FOLLOW UP.

IMR ISSUES, DECISIONS AND RATIONALES

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

GASTROINTESTINAL CONSULTATION FOLLOW UP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: MTUS is silent regarding visits to a GI specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The patient saw a Gastrointestinal (GI) specialist on January 6, 2014 and the treating physician notes that the current request for a visit is for final recommendations from the GI specialist. However, the treating physician did not provide a copy of the GI consultant's recommendations from the January visit. In addition, the treating physician did not provide a medical rationale as to why a GI consult is needed at this time. As such, the request for GASTROINTESTINAL CONSULTATION FOLLOW UP is not needed at this time.