

Case Number:	CM14-0023036		
Date Assigned:	05/14/2014	Date of Injury:	09/16/2010
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Family Practice, has a subspecialty in Pain Management 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:

32. yr old male claimant sustained a work injury on 9/16/10 resulting in a herniated nucleuspulposus of the lumbar spine. He had an additional diagnosis of lumbar spine stenosis, facetarthropathy and radiculopathy. He has no chronic medical problems prior to the injury. He haddeveloped depression and anxiety as a result of the injury as was seen by psychiatry andmanaged with SSRIs. His pain had been managed with NSAIDs for which developed abdominalpain and gastritis. He also had migraines as a result of the injury and was treated with Topamax.An exam note from an orthopedic surgeon on 1/14/14 indicated the claimant had been onTramadol and Gabapentin for pain. He reported persistent gastrointestinal " upset ". He wasgiven a medication that improved his symptoms from his family practitioner. A request was made for additional follow-up appointments with his general practitioner.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERAL PRACTITIONER FOLLOW UPS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there is no note from the general practitioner requesting follow-up visits. The diagnosis and medication requiring further attention for GI upset is not known. Based on the lack of complexity of the diagnosis, unknown number of visit requests and non-specific indication for follow-up, the general practitioner visits are not medically necessary.