

Case Number:	CM14-0025417		
Date Assigned:	03/03/2014	Date of Injury:	04/09/2008
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Mississippi. 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 is a 47-year-old female who was injured on April 9, 2008. The most recent progress note provided for this review is dated January 6, 2014. The majority of this document is handwritten and partially illegible. From what can be gathered, the injured worker appeared to have gastrointestinal (G.I.) symptoms secondary to oral anti-inflammatories utilized to treat low back pain. The request was placed for evaluation by a gastroenterologist for consideration of endoscopy and further evaluation. The progress note dated December 2, 2013 is also handwritten and the request was made for internal medicine for evaluation of gastrointestinal (G.I.) problems. The utilization review in question was rendered on December 18, 2013. The reviewer indicates no recent progress notes were provided with this request. The reviewer noncertified the request for an internal medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) supports the use of referral when an individual may benefit from additional expertise. Based on the clinical documentation provided, the injured has complaints of gastrointestinal (G.I.) symptoms. As such, the internal medicine evaluation is considered medically necessary.