

<b>Case Number:</b>	CM14-0031489		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 is a 48 year old male with an injury reported on 05/27/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/02/2014, reported that the injured worker complained of low back pain with a rating of 7-8/10. The physical examination findings reported positive straight leg raise test at 40 degrees and tenderness was reported to L3-L5 distribution. The injured worker's prescribed medications included omeprazole 20mg and norco 5/325. The injured worker's diagnoses included sprain shoulder/arm; disc degeneratin; depressive disorder. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GI CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS CONSULTATIONS.

**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:** The injured worker complained of low back pain with a rating of 7-8/10. It was noted that the injured worker has been prescribed omeprazole 20mg. According to the Official Disability Guidelines office visit is Recommended as determined to be medically necessary. 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. It was noted that the injured worker has been prescribed omeprazole 20mg; however, the rationale for the prescribed proton pump inhibitor is unclear. There is a lack of clinical information provided to indicate any gastrointestinal issues voiced by the injured worker. Furthermore, the requesting physicians rationale for the request is unclear. Thus, the request is not medically necessary.