

Case Number:	CM14-0045413		
Date Assigned:	04/16/2014	Date of Injury:	07/11/1998
Decision Date:	07/17/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient is a 58-year-old female who has submitted a claim for lumbar postlaminectomy syndrome, cervical herniated nucleus pulposus with radiculopathy, and medication-induced gastritis associated with an industrial injury date of July 11, 1990. The medical records from 2013 to 2014 were reviewed. The patient complained of back pain radiating to bilateral lower extremities aggravated by twisting, bending, and turning. The patient likewise complained of neck pain radiating to right upper extremity. The patient experienced gastrointestinal discomfort, diarrhea and abdominal cramping. A physical examination revealed tenderness and restricted range of motion at cervical and lumbar spine. Deep tendon reflexes were decreased at the right lower extremity. Sensation was diminished at posterior lateral calf, right. A CT scan of the abdomen on January 15, 2014 revealed no evidence of acute process in the abdomen and pelvis. The treatment to date has included L5-S1 laminectomy/discectomy in 1999, L5 to S1 total disc arthroplasty in 2005, spinal cord stimulator implant, cholecystectomy in 2012, acupuncture, trigger point injection, and medications such as Oxycodone, Norco, Valium, Ambien, Prilosec, and Cyclobenzaprine. A utilization review from March 26, 2013 denied the request for a follow-up visit with gastroenterology for chronic gastritis related to low back pain because there was no evidence that symptoms have exacerbated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FOLLOW-UP VISIT WITH [REDACTED], GASTROENTEROLOGIST FOR CHRONIC GASTRITIS RELATED TO LOWER BACK INJURY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Table 2, Summary Of Recommendations, Chronic Pain Disorders. Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of gastrointestinal distress associated with chronic use of multiple medications. The patient has been on Prilosec since 2013. She likewise experienced intermittent episodes of diarrhea and abdominal cramping. Follow-up visit with a specialist is necessary for monitoring of patient's response to therapy, as well as, for further evaluation and management. The medical necessity has been established. Therefore, the request for one follow-up visit is medically necessary.