

Case Number:	CM14-0072936		
Date Assigned:	08/29/2014	Date of Injury:	03/27/2009
Decision Date:	10/07/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 40 year old woman who suffered an industrial injury on 3/27/2009. The request is for an Internal Medicine consultation. The reason for request is that the patient has gastrointestinal (GI) complaints and constipation. All the records that were provided were reviewed. The patient's mechanism of injury was not stated. Previous treatments have included physical therapy, chiropractic treatment, medications including Terocin topical, opiate systemically and trazodone orally. She has had epidural steroid injections in the cervical spine because of demonstration of nerve root compromise in the cervical spine on MRI. Clinically, she has had positive testing on the right on physical examination for radiculopathy although the EMG and NCV were not positive. Complaints include pain in the lower back, neck, radiation of pain into extremities, right more than left, and paresthesias including tingling and numbness in the hands. At various points in the clinical record, it has been indicated that the patient has occasional GI complaints related to previous medications. At other points in the records, she is not noted to have any side effects to medications and that she has constipation that is being managed well with a laxative. No other pertinent information related to GI symptoms or functioning are evident in the provided clinical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7: Independent Medical Consultations (p. 127, 156). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Internal Medicine Consultations

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

Decision rationale: A consultation or referral to another physician of a different specialty than the primary treating provider is appropriate when a history and physical examination indicate that the patient has a reasonably high likelihood of having a disorder in which the primary provider is not well versed. Complaints that occur often, are severe and relate to an area of expertise other than the primary treating provider's area of expertise are also sufficient justification for referral. The currently provided records are insufficient to establish that the patient has complaints that are frequent and severe enough to justify referral for evaluation. Occasional dyspepsia is common in the general population without any underlying abnormality that may be amenable to medical evaluation and management. The provider's notes fail to indicate how often the patient has dyspepsia, what is the nature of it, what it is associated with and what the location of the dyspepsia is. At a minimum, a focused GI history and physical examination is expected in any request for further evaluation by a specialist. The skills of history taking and abdominal examination are well within the purview of any health care provider including non physician providers and nurses. Therefore, without an adequate evaluation submitted by the primary treating provider, the request can not be recommended.