

Case Number:	CM14-0077882		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2013
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/28/2014

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 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:

This injured worker's date of injury is 07/18/2013. This patient receives treatment for chronic low back pain, which began after an injury, which occurred while carrying a ladder. The patient received acupuncture and chiropractic sessions. Medications included Tramadol, Norco, Trazodone, and Prilosec. A review of systems recorded in a clinical noted dated 04/22/2014 states: diarrhea, constipation, weight gain, gastritis, dry mouth, stress, anxiety, and sleep disturbance. This review covers a request for a gastrointestinal consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Approach to refractory gastroesophageal reflux disease in adults, Ronnie Fass, MD, accessed online.

Decision rationale: The treating physician requests a GI consult. In a treatment noted dated 04/07/2014, the treating physician states that in October 2013 the patient took ibuprofen and

experienced a burning sensation, gas, and bloating. There were symptoms of reflux at night. There were no "red flags" or "alarm symptoms" such as melena, dysphagia, or vomiting blood. The duration of NSAID treatment is not discussed. A GI consult may be medically indicated to investigate cases of dysphagia, GI bleeding, dysphagia, or GERD, which fails to resolve after 8 weeks of therapy with a PPI. There is no documentation to support this. A GI consult is not medically indicated.