

Case Number:	CM14-0082929		
Date Assigned:	07/23/2014	Date of Injury:	03/09/2009
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 03/09/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/14/2014 indicated diagnoses of GERD; abdominal pain, epigastric; high risk medications; medication induced gastritis; obesity; and fatigue. The injured worker reported abdominal pain with pain medications described as dull and gnawing, and centered on the epigastric region of the abdomen. He rated the pain 5/10 and reported pain was worsened with pain medication intake and did not radiate. The injured worker reported he had exercised and tried to eat a healthy diet. The injured worker reported he noted weight gain since the industrial injury due to his decreased mobility. The injured worker reported prior to the industrial injury he weighed less than 200 pounds. On physical examination, the injured worker weighed 228 pounds. The examination of the gastrointestinal (GI) revealed soft tenderness to palpation epigastrium with positive bowel sounds times 4. The injured worker's treatment plan included refill of medications, authorization for [REDACTED], and follow-up in 8 weeks. The injured worker's medication regimen included Omeprazole. The provider submitted a request for [REDACTED] Program. A Request for Authorization dated 04/14/2014, was submitted for [REDACTED] Program; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Program:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

Decision rationale: The request for [REDACTED] Program is not medically necessary. The Official Disability Guidelines (ODG) state diet and exercise are recommended as a first-line intervention. Although the injured worker's weight of 228 was in the documented however, the injured worker's height was not in the documentation provided to corroborate the injured worker as obese. In addition, it was not indicated how long the injured worker had tried dietary and exercise modification. Additionally, the provider did not indicate a rationale for the request. Moreover, the request for [REDACTED] Program did not indicate a time frame. Therefore, the request for [REDACTED] Program is not medically necessary.