

Case Number:	CM14-0096448		
Date Assigned:	07/28/2014	Date of Injury:	12/02/2003
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker fell from scaffolding that collapsed on December 2, 2013 injuring his neck, upper extremities and low back. He has been treated with multiple narcotics resulting in constipation and hemorrhoidal bleeding, and analgesics including non-steroidal anti-inflammatory drugs resulting in gastritis and acid reflux. He had upper endoscopy confirmed gastritis in 2009. He has been treated for H. Pylori gastritis. He has been treated with proton pump inhibitors and Zantac. At a gastroenterology evaluation on July 25, 2013 it was stated "He has reached maximal medical improvement and is permanent and stationary from an upper and lower gastrointestinal perspective. At a pain management visit on March 18, 2014 it was stated that he "has gastrointestinal issues" and was diagnosed with "status post abdominal hernia surgery with residual symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterologist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 67-73.

Decision rationale: Gastritis is a known adverse effect from NSAID's. This worker has had evaluation by gastroenterology and determined to have reached maximal medical improvement. The medical record does not indicate any worsening or change in symptoms to warrant gastroenterology referral.