

Case Number:	CM14-0202871		
Date Assigned:	12/08/2014	Date of Injury:	06/28/2011
Decision Date:	02/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 56 year old male that sustained a work related injury on 06/28/2011 when he was making airplane parts and experienced an onset of low back and leg pain that started within six months. Treatments include physical therapy, medications, injections, acupuncture, MRI and x-rays. Diagnosis includes degenerative lumbar/lumbosacral, lumbosacral spondylosis, displaced lumbar intervert disc, thoracic/lumbar neuritis/radiculopathy, obesity, and umbilical hernia. Per most updated progress report dated 11/17/2014 examination indicated the injured worker's gait is wide based and slow in cadence and having difficulty getting up from exam chair, lumbar spine range of motion was restricted, tenderness over the spinous processes, moderate to severe tenderness at the sacroiliac joints and moderate plus tenderness over the right sciatic nerve Treatment plan includes referral to gastroenterologist for evaluation and treatment. On 12/03/2014 Utilization Review denied the referral to gastroenterologist for evaluation and treatment noting MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Gastroenterologist for evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Office Visit

Decision rationale: Referral to a Gastroenterologist for evaluation and treatment is not medically necessary per the MTUS Guidelines. is not medically necessary per the MTUS ACOEM guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a gastroenterologist. The documentation does not indicate any significant gastrointestinal issues that require a need for this specialist. The request for referral to a gastroenterologist is not medically necessary.