

<b>Case Number:</b>	CM14-0208767		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/19/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date of 12/19/07. Based on the 11/03/14 progress report provided by treating physician, the patient complains of significant right shoulder pain with numbness and tingling in both hands, as well as lower back and bilateral foot pain and continuation of significant gastric symptoms, for which she sees an internist. Per progress report dated 09/09/14, patient complains of abdominal pain and pressure with associated heartburn, gas, bloating, nausea, vomiting, and frequent (worsening) bouts of diarrhea with associated loose stool. Physical examination dated notes tenderness to palpation and spasm in the cervical paraspinal muscles, reduced sensation in both hands and restricted motion bilaterally. Tenderness to palpation to the lumbar paraspinal muscles is also noted with accompanied restricted range of motion. The patient is currently prescribed Gabapentin, Aciphex, and Carisoprodol. Diagnostic imaging was not included with the report. Patient is on modified (light duty) work status. Diagnosis 11/03/14- Cervical radiculopathy- Lumbar radiculopathy Diagnosis 11/17/14- Cervical radiculopathy- Lumbar radiculopathy- Shoulder impingement Diagnosis 10/29/14- Gastritis/Gastroesophageal reflux disease with H. Pylori infection in the past which has been eradicated- Irritable bowel syndrome- Physical medicine and rehabilitation issues deferred to [REDACTED] [REDACTED] The utilization review determination being challenged is dated 11/15/14. The rationale is: "A follow-up visit with an internist is appropriate. The patient demonstrates significant gastrointestinal symptoms. Monitoring the patient's response to continued treatment is reasonable and supported by evidence based guidelines." Treatment reports were provided from 06/09/14 to 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing treatment with internist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** Patient presents with complaints of abdominal pain and pressure with associated heartburn, gas, bloating, nausea, vomiting, and frequent (worsening) bouts of diarrhea with associated loose stool. The request is for ongoing treatment with internist. The patient is currently prescribed Gabapentin, Aciphex, and Carisoprodol. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient's chief complaint, secondary to her musculoskeletal complaints, is severe gastric distress - as documented in 09/09/14 progress reports - and her history of H. Pylori infection. ACOEM guidelines specify that an occupational health practitioner may refer to specialists, such as internal medicine, for additional evaluation of complaints outside of their specialty. The provided documentation establishes that this patient may require additional specialist consultation to properly treat her gastrointestinal complaints. Therefore, this request is medically necessary.