

Case Number:	CM14-0210017		
Date Assigned:	12/23/2014	Date of Injury:	07/14/2006
Decision Date:	02/13/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 47 year old male with a date of injury of 07/14/2006. A crane fell on his back. On 02/02/2000 he was status post a L5-S1 fixation and fusion. He was also status post re-exploration, of L4 and L5 laminectomies and L4 - L5 and L5-S1 fusion and instrumentation. He has chronic low back pain. On 08/14/2006 he had a lumbar MRI that revealed a previous lumbar fusion. On 10/20/2008 it was noted that he had depression. On 07/01/2009 it was noted that he had an anxiety disorder. He had epidural steroid injections on 09/30/2009, 01/05/2010 and 04/14/2010. On 07/16/2012 his medications were Norco, Lidoerm pathc, Lunesta and Zegerid. He was not taking NSAIDS. Lumbar range of motion was decreased. Zegerid was better than Dexilent. He wanted to see a gastroenterologist. On 08/25/2014 it was noted that Pepcid was authorized. Except for some heartburn noted in thereview of systems, he had no GI symptoms. He was again not taking NSAIDS. On 10/20/2014 there were no GI complaints. On 10/28/2014 it was noted that he had a previous recent GI evaluation but no endoscopy. He also had GI problems prior to the injury of 07/14/2006. On 11/17/2014 he had low back pain. He had an antalgic gait and decreased range of motion. He had lumbar paravertebral muscle spasm. There was no documentation of any GI problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of GI consult for evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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), Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient has a history of indigestion and has been evaluated by a gastroenterologist. He is treated with medication for indigestion and there is no documentation of any recent GI complaints. MTUS, ACOEM notes that consultations may be useful in clinical situations where the diagnosis and specific treatment are not known and specialty expertise is needed. That is not the case here. There is no recent documentation of GI bleed, taking NSAIDS, abdominal pain, nausea, emesis, diarrhea, constipation or any other GI symptom. There is insufficient documentation to substantiate the need for another GI consultation.