

Case Number:	CM15-0003167		
Date Assigned:	01/14/2015	Date of Injury:	11/12/2010
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on 11/12/2010 due to cumulative trauma. The diagnoses have included sleep disorder secondary to pain, rule out obstructive sleep apnea, constipation and gastroesophageal reflux disease (GERD). Treatment to date has included medication. Currently, the IW complains of mild bloating and sleeping 4-5 hours per night secondary to pain and stress. He reports improving abdominal pain and improving acid reflux with medications. Objective findings included heart and lungs within normal limits. The abdomen is soft with normoactive bowel sounds. On 12/16/2014, Utilization Review non-certified a retrospective request for a gastrointestinal (GI) profile noting that the date and result of previous testing is not specified to determine the medical necessity of additional testing. MTUS and Non-MTUS sources were cited. On 1/07/2015, the injured worker submitted an application for IMR for review of GI profile labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro GI Profile Labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, retrospective gastrointestinal profile laboratories are not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. History and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are constipation; gastroesophageal reflux; and sleep disorder secondary to pain ruling out obstructive sleep apnea. The patient has a history of stomach cancer. Subjectively, the injured worker has improving abdominal pain and improving acid reflux. The treating physician ordered G.I. profile labs for the current visit. There was no clinical indication/rationale documented in the medical record for the laboratory tests. Consequently, absent clinical documentation with a clinical indication and the rationale to perform gastrointestinal laboratory testing, retrospective gastrointestinal profile laboratories are not medically necessary.