MAXIMUS Federal Services

| Case Number: | CM15-0003825 | | |
|---|---|---|---|
| Date Assigned: | 01/14/2015 | Date of Injury: | 01/30/2003 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

## 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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 female who reported injury on 01/30/2003. Prior therapies included physical therapy. The mechanism of injury was not provided. The documentation of 12/04/2014 revealed the injured worker had worsening diarrhea, however, had stable constipation. The physical examination revealed the injured worker had blood pressure of 141/85. The injured worker was noted to be obese. The diagnoses included diabetes mellitus triggered by work injury, hypertension, obstructive sleep apnea, diverticulosis, and diverticulitis. The treatment plan included Dexilant 60 mg every morning #30, Citrucel 1 to 2 tablets 3 times daily on a as needed basis #120, Gaviscon 1 bottle 1 tablespoon 3 times a day, Colace 100 mg twice a day #60, Lovaza 1 month supply 4 gm daily, Crestor 10 mg at bedtime #30, probiotics twice a day #60, aspirin 81 mg #30, and Sentra PM with ranitidine 150 mg. Additional treatments included lab results of 10/13/2014, microalbumin of 0.6, and uric acid of 8.9. There was no Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to urologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide documentation of urologic symptoms that supported the need for an evaluation. The rationale was not provided. Given the above, the request for referral to urologist is not medically necessary.