

<b>Case Number:</b>	CM15-0006549		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female who suffered a work related injury on 12/21/13. Per the physician notes from 11/05/14, she complains of constant severe dull achy sharp low back pain rated at 8/10. The provider reports that despite some relief with pain medications there continues to report severe pain at the lower back that is sharp and is radiating to the right foot with numbness, tingling and weakness. On physical exam there is positive straight leg raise, limited lumbar range of motion and tenderness to palpation. Impressions include spinal stenosis, lumbar disc protrusion and depression. As well there is reportedly peptic ulcer disease secondary to chronic use of NSAIDs. The treatment plan includes, GI consult, pain management evaluation, psychological evaluation, pantoprazole, cyclobenzaprine, Flector patches, and topical creams. On 12/09/14, the Claims Administrator non-certified the GI and Pain Management consults citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation to see a pain management specialist for lower back:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations: Page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 7: Independent Medical Examinations and Consultations (page 127).

**Decision rationale:** According to ACOEM OMPG consultation for pain management is appropriate in order 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". Based on the recent clinic note which states that the injured worker has a diagnoses of spinal stenosis and lumbar disc protrusion, there is evidence of spinal involvement based on imaging findings, radicular symptoms and physical exam findings, and finally current treatment has failed to improve symptoms despite chronic treatment, based on the above it is clear that the provider seeks pain management consultation to determine if epidural injection or change in medication regiment will improve the IW's condition. This is an appropriate rationale for pain management referral and is stated in the provided clinical records when the provider states pending pain management evaluation for ongoing pain with lack of improvement.

**Consultation with a gastroenterologist for ulcer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations: Page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultation (page 127).

**Decision rationale:** The treating provider stated on recent clinic note that GI consult is requested for newly diagnosed peptic ulcer disease secondary to chronic use of NSAIDs. The provided records do not conclusively indicated that chronic NSAID use has caused the gastric ulcer; evaluation for H-pylori infection should also be considered. Additionally initial intervention such as use of both PPI and H2 antagonist as well as discontinuation of NSAID should be attempted prior to referring to a GI specialist. According to ACOEM guidelines, the role of the specialist referral is 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". Based on this guideline and the provided records, I do not believe GI specialist is needed to diagnosis or aid in the management at this point in the treatment.