

Case Number:	CM15-0105234		
Date Assigned:	06/09/2015	Date of Injury:	02/08/2014
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on February 8, 2014. There was no previous treatment noted for treatment of gastritis. Currently, the injured worker complains of neck pain, low back pain, bilateral shoulder pain and left ankle pain. Her medical history includes a history of constipation and chest pain. An evaluation on September 2, 2014 revealed the injured worker reported persistent gastritis due to her anxiety and the medications prescribed for her industrial injuries. The diagnoses associated with the request include acute gastritis. The treatment plan following the September 2, 2014 evaluation included internal medicine consultation for evaluation of her gastritis and for pharmacological management. The patient has had an open wound in the leg. Patient sustained the injury when a stack of boxes fell on her head. Patient's medication history includes NSAID, Tramadol, Ibuprofen, Cyclobenzaprine and Quazepam. The patient has had history of gastritis and constipation. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation, treatment and testing, for submitted diagnosis gastritis, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.gi.org/physicians/guidelines/GERDTreatment.pdf>.

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.

Decision rationale: Per the cited guidelines, "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." There was no previous treatment noted for treatment of gastritis. Currently, the injured worker complains of neck pain, low back pain, bilateral shoulder pain and left ankle pain. An evaluation on September 2, 2014 revealed the injured worker reported persistent gastritis due to her anxiety and the medications prescribed for her industrial injuries. The diagnoses associated with the request include acute gastritis. Patient's medication history includes NSAID, Tramadol, Ibuprofen, Cyclobenzaprine and Quazepam. The patient has had a history of gastritis and constipation. It would be medically appropriate and necessary to refer the patient at a future date, if the patient does not respond to first line treatment and the symptoms remain the same, despite treatment, to rule out other significant other causes of the symptoms besides the effect of medications. However, the response of the gastritis to a trial of preliminary/first line treatment with antacids or proton pump inhibitors is not specified in the records provided. The response of the constipation to simple measures/ medications is not specified in the records provided. A recent detailed gastrointestinal history and examination was not specified in the records provided. The medical necessity of the request for Internal Medicine Consultation, treatment and testing, for submitted diagnosis gastritis, as an outpatient is not medically necessary for this patient at this time.