

Case Number:	CM15-0135248		
Date Assigned:	07/23/2015	Date of Injury:	03/11/2003
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, 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 36 year old male, who sustained an industrial injury on March 11, 2003. He reported significant pressure and pain over his lower back and pain over his upper cervical spine. He noted possible gastrointestinal conditions cause by and related to his work induced accident. The injured worker was diagnosed as having abdominal pain, dysphagia, intermittent diarrhea and constipation and history of work related orthopedic diagnosis. Treatment to date has included diagnostic studies, evaluation, acupuncture, knee surgery, physical therapy, chiropractic treatments and medications. Treatment was noted to provide temporary relief. An initial and comprehensive gastroenterology evaluation report, dated June 11, 2015, was included in the record. The injured worker complained of significant pains over his upper and lower part of the abdomen with nausea. The intensity was noted to be at a level of 9 on a 1-10 pain scale. The treatment plan included medications and an upper GI endoscopy for further evaluation. On June 16, 2015, Utilization Review non-certified the request for GI consultation, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines Pain Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had a normal abdominal ultrasound in January 2015. The claimant had persistent GERD and dysphagia of uncertain etiology. The request for GI consultation is medically necessary and appropriate.