

<b>Case Number:</b>	CM15-0139095		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	12/09/2004
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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  
Certification(s)/Specialty: Emergency 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:

This 49 year old female sustained an industrial injury on 12/09/04. She subsequently reported right foot pain. Diagnoses include myalgia and myositis, anxiety, and chronic pain syndrome. Treatments to date include physical therapy and prescription medications. The injured worker continues to experience multiple musculoskeletal complaints as well as acid reflux, constipation and irregular bowel movements. A request for Consultation with gastrointestinal specialist was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with gastrointestinal specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1, Introduction Page(s): 1.

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

**Decision rationale:** The requested Consultation with gastrointestinal specialist is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Part 1,

Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker continues to experience multiple musculoskeletal complaints as well as acid reflux, constipation, and irregular bowel movements. The treating physician has documented a previous GI consult with treatment recommendations, but not the medical necessity for an additional consultation. The criteria noted above not having been met, Consultation with gastrointestinal specialist is not medically necessary.