MAXIMUS Federal Services

Case Number:	CM15-0143322		
Date Assigned:	08/04/2015	Date of Injury:	07/25/2006
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old female patient who sustained an industrial injury on July 25, 2006. A secondary treating office visit dated April 30, 2015 reported the patient with subjective complaint of with improved hemorrhoids, improved gastritis, and improved irritable bowel syndrome. She states her quality of sleep is still poor. She is also with complaint of neck pain with lifting and low back pain with bilateral lower leg sciatica along with depression and chest pains. Her history showed the patient being status post lumbar surgery on February 20, 2012 and status post cervical spine laminectomy on December 20, 2013. The following diagnoses were applied: gastroesophageal reflux secondary to medications; gastritis; irritable bowel syndrome; hemorrhoids; status post H. Pylori treatment; hypertension; hyperlipidemia; obstructive sleep apnea, diabetes mellitus and depression. The plan of care noted laboratory work up, perform an abdominal ultra sound, cardio-respiratory testing and sudoscan; along with a pulmonary function test. Current medications are: Dexilant, Gaviscon, Carafate, Colace; Gemfibrozil, Lovaza, Probiotics, Amitiza, and both Sentra AM and PM. There is recommendation to referral for gastroenterology and ophthalmology consultation be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, G.I. consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are GERD; gastritis; irritable bowel syndrome; hemorrhoids; status post H. pylori; hypertension; hyperlipidemia; obstructive sleep apnea; diabetes mellitus; and depression. Date of injury is July 25, 2006. Request for authorization is June 24, 2015. According to an April 30, 2015 progress note the injured worker has improved hemorrhoids, gastritis, irritable bowel syndrome and GERD. Objectively, the documentation indicates 2+ tenderness in the epigastric region. The documentation does not indicate the duration of time the tenderness has been present. The injured worker has a long history of abdominal symptoms considering the diagnosis of irritable bowel syndrome and gastritis. The documentation does not indicate whether prior ultrasound abdominal was performed in the past. The documentation does not provide additional prior work up regarding abdominal complaints. Additionally, there is no causal relationship between the epigastric tenderness and industrial injury documented in the medical record. The documentation does not specify whether and what additional workup has been performed prior to the request for authorization. As noted above, the injured worker has a long-standing history of gastritis, irritable bowel syndrome and gastroesophageal reflux, all of which may manifest with abdominal pain. Consequently, absent clinical documentation of all prior abdominal and gastrointestinal workup, G.I. consultation is not medically necessary.