

Case Number:	CM15-0196544		
Date Assigned:	10/12/2015	Date of Injury:	09/21/2007
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on September 21, 2007, incurring low back injuries, right shoulder and left wrist injuries. He was diagnosed with an internal derangement of the right shoulder, lumbar degenerative disc disease and left wrist carpal tunnel syndrome. Treatment included multiple lumbar spine surgeries, right shoulder arthroscopic surgeries and left wrist surgery. Other treatment included neuropathic medications, antidepressants, psychotherapy, pain medications, topical analgesic patches, and muscle relaxants. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities. He complained of sharp, stabbing, throbbing achy pain into his legs and feet. The pain was aggravated with bending, prolonged sitting, standing, walking, lifting, pushing and pulling. He noted numbness, tingling and swelling in his legs. He had continued weakness and persistent muscle spasms. Treatment included continued use of medications for relief. On May 20, 2015, the injured worker had an episode of rectal bleeding and epigastric pain and was encouraged to follow up with a gastroenterologist. The treatment plan that was requested for authorization on October 6, 2015, included a second opinion with a gastrologist. On September 28, 2015, a request for a second opinion with a gastrologist was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with gastrologist: 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, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Submitted reports have not demonstrated any specific complicated GI diagnoses indicative of an internal medicine consultation to treat for heartburn complaints. There are no identifying GI clinical findings to support for specialty care beyond the primary provider's specialty. Additionally, there is no documented failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The Second opinion with gastrologist is not medically necessary or appropriate.