MAXIMUS Federal Services

Case Number:	CM15-0207486		
Date Assigned:	10/26/2015	Date of Injury:	09/15/2011
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 09-15-2011. According to a comprehensive medical legal psychiatric evaluation dated 07-21-2015, the injured worker's primary physical complaint was gastric pain which she described as a burning sensation and was worse after meals. Diagnoses included major depression, binge eating disorder and gastrointestinal stress and obesity. According to a progress report dated 08-11-2015, the injured worker reported low back pain, left hip pain, right shoulder pain, cervical spine pain and left knee pain. There were no reports of gastrointestinal symptoms in the 08-11-2015 report. Review of systems were noted as unchanged. Diagnoses included cervical lumbar discopathy, cervicalgia, carpal tunnel double crush syndrome, electrodiagnostic evidence of cubital and carpal tunnel syndrome, right shoulder impingment syndrome with labral tear, rule out internal derangement right hip and rule out internal derangement left knee. The injured worker was scheduled for left eye surgery and was going to be scheduled for right shoulder surgery following the eye surgery. She was scheduled for MRI's. She was to continue following the psychiatrist. She was currently taking anti-depression medications. The provider noted that medications were being requested under a separate cover letter. The provider noted that the injured worker would be referred to a named provider for her gastrointestinal issue. An authorization request dated 09-15-2015 was submitted for review. The requested services included referral to named provider for gastrointestinal condition. On 09-23-2015, Utilization Review non-certified the request for referral to doctor for gastrointestinal condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Doctor for GI condition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This is a request for a referral for GI issues. There is no description of the GI issue is question in the most recent follow-up report. The injured worker had previously complained of gastric burning after meals and has been diagnosed with an eating disorder. She is presently seeing a Psychiatrist. Additionally, the available documentation describes the need for an internal medicine referral. It is unclear why there is a request for GI referral. The request for referral to doctor for GI condition is determined to not be medically necessary.