

Case Number:	CM15-0021851		
Date Assigned:	04/21/2015	Date of Injury:	07/02/2013
Decision Date:	05/19/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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, North Carolina
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 55-year-old female, who sustained an industrial injury on 7/02/2013. She reported low back pain and right leg pain after using an exer-cycle at work. The injured worker was diagnosed as having lumbar sprain/strain and pain in the lower leg joint. Treatment to date has included medications, physical therapy (6 sessions), and diagnostics. In 2003, she sustained a cumulative trauma injury due to repetitive typing and underwent carpal tunnel release and neck fusion in 2004. Currently (1/05/2015), the injured worker complains of low back and right knee pain, rated 8/10. Symptoms of gastritis were noted in the diagnoses. Medication use was not described and gastrointestinal symptoms were not noted. The treatment plan included internal medicine consult for gastritis and physical therapy x6 for the lumbar spine and right leg. The PR2 note, dated 10/02/2014, noted increased gastritis symptoms with the use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar;108(3):308-28. [184 references] PubMed External Web Site Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

Decision rationale: The request is for one internal medicine consult to evaluate the patient with the diagnosis of gastritis/GERD. The medical records do not specify the GI symptoms or medications that may be associated with gastritis/GERD. The MTUS and ODG are silent in regard to recommendations for internal medicine consultations. According to the National Guidelines Clearinghouse, patients should be treated as follows before referral: 1) Weight loss if needed. 2) Elevate the head of bed and avoid meals 2-3 hours before bedtime. 3) A trial of a proton pump inhibitor for 8 weeks. Non-responders to this regimen should then be referred for specialty consultation (gastroenterologist). Endoscopy is not initially required in the presence of gastritis/GERD symptoms. Barium radiography is of limited value. Screening for H. pylori is not recommended. The request for an internal medicine consult is not medically necessary.