

<b>Case Number:</b>	CM15-0212337		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 male, who sustained an industrial injury on 09-14-2004. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for gastritis, thoracic spine disc bulges, lumbar spine disc bulge with radicular pain, status post lumbar hardware removal surgery, status post L4-S1 fusion with ongoing bilateral low back pain, and right hand degenerative joint disease. Treatment and diagnostics to date has included lumbar spine surgery, physical therapy, and medications. Recent medications have included Benadryl, Zanaflex, Lactulose, Gralise, Valium, Dilaudid, and OxyContin. Subjective data (09-16-2015 and 09-23-2015), included upper back, lower back, and right hand pain. Objective findings (09-23-2015) included intact light touch sensation and use of single point cane. The request for authorization dated 09-16-2015 requested follow up visit. The Utilization Review with a decision date of 10-05-2015 non-certified the request for follow up with Gastroenterologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with Gastroenterologist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 52 year old male has complained of low back pain, hand pain and stomach pain since date of injury 9/14/2004. He has been treated with surgery, physical therapy and medications. The current request is for follow up with a gastroenterologist. The available medical records do not contain adequate documentation of provider rationale for follow up evaluation with a gastroenterologist at this point in time. On the basis of the available medical records and per the guidelines cited above, follow up with a gastroenterologist is not medically necessary.