

Case Number:	CM15-0034086		
Date Assigned:	03/02/2015	Date of Injury:	06/28/2011
Decision Date:	05/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 56 year old male, who sustained an industrial injury on 6/28/11. The injured worker was diagnosed as having moderate to severe degenerative disc disease and mild facet spondylosis of lumbar spine, bilateral lower extremity radiculitis, moderate exogenous obesity, tobacco abuse, displaced lumbar intervertebral disc and thoracic/lumbar neuritis/ radiculitis. Treatment to date has included oral NSAIDS, physical therapy and home exercise program. Currently, the injured worker complains of constant moderate to severe lower back pain with radiation to his buttocks and both legs. Physical exam noted restricted range of motion of lumbar spine with moderate to severe tenderness over the spinous processes mainly at lower lumbar levels to lumbosacral level, moderate tenderness in the paraspinal muscles, moderate to severe tenderness at the sacroiliac joints and moderate tenderness over the right sciatic nerve with moderate tenderness over the left sciatic nerve. The treatment plan included continued request for authorization for lumbar spine surgery and evaluation with a gastroenterologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a gastroenterologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The orthopedic surgeon's progress report dated 11/17/14 documented that medications included Motrin and Lisinopril for hypertension. The orthopedic surgeon's progress report dated 11/17/14 documented that the patient reported that he had vomited blood on several occasions when his pain was increased. An evaluation with a gastroenterologist for the treatment of vomiting blood. Vomiting blood is a red flag for a potentially serious condition. Therefore, the request for a referral for gastroenterologist consultation is supported by ACOEM guidelines. Therefore, the request for gastroenterologist referral is medically necessary.