MAXIMUS Federal Services

Case Number:	CM15-0039860		
Date Assigned:	03/10/2015	Date of Injury:	07/17/2007
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey
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:

This 53 year old man sustained an industrial injury on 7/1/72007. The mechanism of injury is not detailed. Current diagnoses include lumbar degenerative disease, wrist fracture, status post traumatic fall, and chronic pain. Treatment has included oral medications. Physician notes on a PR-2 dated 1/14/2015 show complaints of low back pain with radiculopathy to bilateral lower and upper extremities. Recommendations include discontinuing Cyclobenzaprine, refill medications, and follow up in one month. A request for authorization from the same date includes Gabapentin, Omeprazole, Naproxen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Consult for GI Protection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, a request for a follow-up consultation for "GI protection" was submitted for review. There was no evidence found in the documentation provided for review that any form of gastrointestinal protection in this worker was indicated as there was no complaint relative to this and no medication which raised the risk of gastrointestinal events. Therefore, the follow-up consult for GI protection will be considered medically unnecessary.