

Case Number:	CM15-0044124		
Date Assigned:	03/16/2015	Date of Injury:	04/22/2006
Decision Date:	04/17/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53-year-old male, who sustained an industrial injury on April 22, 2006. The injured worker was diagnosed as having post-laminectomy syndrome. Treatment to date has included pain medications, durable medical equipment, imaging of the spine, physical therapy and decompressive surgery of L4-S1 in July, 2006. Currently, the injured worker complains of ongoing neck, thoracic and lumbar pain with radicular symptoms into his bilateral lower extremities. He reports that his gastrointestinal specialist is no longer accepting worker's compensation and he continues to struggle with gastrointestinal symptoms and bloating. Documentation reveals the injured worker has had constipation and gastrointestinal upset and that Colace and Prilosec help with these symptoms. His treatment plan includes extension for gastrointestinal specialist and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of GI Specialist Consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a GI specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The patient was approved for a GI consult in 6/2014 and 8/2014, there is no medical documentation provided that indicate if this patient has seen a GI specialist, and if not, why it has been delayed. As such, the request for Extension of GI Specialist Consult is not needed at this time.