

Case Number:	CM15-0051170		
Date Assigned:	03/24/2015	Date of Injury:	03/19/2002
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, California
 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 60-year-old female, who sustained an industrial injury on 3/19/2002. The mechanism of the initial injury was not noted. The injured worker was diagnosed as having malignant hypertension, diabetes mellitus, chronic kidney disease, gastroesophageal reflux disease, irritable bowel syndrome, abdominal pain, cervical spondylosis with cervical radiculopathy, chronic pain syndrome, left shoulder impingement syndrome, and post-operative right shoulder rotator cuff repair. Treatment to date has included right shoulder surgery on 4/23/2014, medications, and physical therapy. Currently, on 2/26/15 the injured worker complains of daily abdominal pain. Objective findings included a blood pressure of 130/90. Current medications were not noted. It was documented that job stress (3/19/2002) may have aggravated hypertension, diabetes mellitus, chronic kidney disease, gastroesophageal reflux disease, and irritable bowel syndrome. The treatment plan included ongoing treatment to monitor and manage gastroesophageal reflux disease, irritable bowel syndrome, and hypertension. She was not currently working. Urine drug screen, dated 9/17/2014, showed inconsistent results. The patient was certified for consult with GI specialist on 12/8/14. The detailed report of the consultation with GI specialist on 12/8/14. The past medication list include Cymbalta, Toprol XL, and Maxzide. Current medications list including antihypertensive and PPI was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing follow-up evaluations with an internist (gastroesophageal reflux, irritable bowel syndrome, hypertension): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Ongoing follow-up evaluations with an internist (gastroesophageal reflux, irritable bowel syndrome, and hypertension) MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "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." Urine drug screen, dated 9/17/2014, showed inconsistent results. The patient was certified for consult with GI specialist on 12/8/14. The detailed report of the consultation with GI specialist on 12/8/14 Current medications list including antihypertensive and PPI was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. Any recent lab report for diabetes was not specified in the records provided. A recent HBA1c value was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the consultation with an internist was not specified in the records provided. A detailed rationale for the Consultation with an internist was not specified in the records provided. Any evidence of abnormal vital signs including pulse and blood pressure was not specified in the records provided. The medication list showing recent anti diabetic medication was not specified in the records provided. The medical necessity of the request for Ongoing follow-up evaluations with an internist (gastroesophageal reflux, irritable bowel syndrome, and hypertension) is not fully established for this patient. Therefore, the request is not medically necessary.