

<b>Case Number:</b>	CM15-0058018		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Indiana, New York  
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 31-year-old female, who sustained an industrial injury on 04/11/2012. She has reported subsequent neck and back pain and was diagnosed with myofascial pain syndrome of the cervical, thoracic and lumbar spine. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 02/17/2015, the injured worker complained of persistent neck and upper back pain. Objective examination findings were not documented. The injured worker reported increasing bowel problems with hemorrhoids. The physician noted that a general surgical consultation was being requested for management of increasingly disabling hemorrhoids and a request for authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with General Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association Medical Position Statement on Constipation. Gastroenterology. 2013 Jan; 144(1):211-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, consultation general surgeon is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are myofascial pain syndrome cervical, thoracic and lumbar; anxiety; depression; and chronic neck, up in mid and low back pain. Reportedly, the injured worker suffers with chronic constipation and is using lactulose, Mirilax and Metamucil to treat the symptoms of constipation. The date of injury is April 11, 2012. It is unclear whether constipation with hemorrhoids predates the date of injury. There is no causal relationship established between the work related injury and the chronic constipation and hemorrhoids. The injured worker had a prior partial pancreatectomy and two major brain surgeries. Hemorrhoids may be seen with chronic constipation and develop over the long term. Additionally, there are many causes of chronic constipation and resultant hemorrhoids. Although hemorrhoids may result over years secondary to chronic constipation, other causes of constipation need to be ruled out. There was no additional workup for the chronic constipation documented in the medical record. There was no prior work up consisting of thyroid function tests, complete blood count, comprehensive chemistry profile, functions has seen lots of rough sigmoidoscopy you flexible fiber-optic sigmoidoscopy or a gastrointestinal consultation. Consequently, absent clinical documentation with additional workup for chronic constipation including thyroid function studies, flexible fiber-optic sigmoidoscopy, etc., consultation general surgeon is not medically necessary.