

Case Number:	CM15-0089497		
Date Assigned:	05/13/2015	Date of Injury:	08/09/2010
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/09/2015

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: Arizona, 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 39-year-old, female who sustained a work related injury on 8/9/10. The diagnosis has included abdominal pain, rule out gastritis. The treatment has included medications. In the PR-2 dated 3/5/15, the injured worker has no complains of gastrointestinal problems. In previous progress notes dated 11/20/14, she has gastric discomfort. She attributes gastric issues are due to side effects of medications. She indicated that her insurance would not pay for her gastric medications. The treatment plan for notes dated 3/5/15 is a referral for consultation for re-evaluation with a gastroenterologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for re-eval with gastroenterologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines Opioids Muscle relaxants / Antispasmodic Page(s): 1, 64, 78, 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and office guidelines- pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, there was mention of gastrointestinal issues and medication refills; however, an exam or subjective symptoms were not noted to justify the referral. There was no mention of need for endoscopy, severe relapsing reflux, gi bleed risk or findings, etc. As a result, the request for a GI consultation is not medically necessary.