MAXIMUS Federal Services

Case Number:	CM14-0118396		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2010
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 59 year-old female with a 6/9/10 date of injury. At the time (6/27/14) of Decision for GI Consult, there is documentation of subjective (radiating low back pain) and objective (decreased sensation over the right lower extremity, decreased range of motion over the lumbar region, positive Kemp's test and straight leg raise, and valsalva's manuver causes pain) findings, current diagnoses (lumbar disc degeneration, lumbar myofascitis, lumbar radiculitis, lumbar annular tear, inguinal lymph node, and gastrointestinal complaints), and treatment to date (medications (including celexa)). Medical reports identify a request for referral to internal medicine regarding GI complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses lumbar disc degeneration, lumbar myofascitis, lumbar radiculitis, lumbar annular tear, inguinal lymph node, and gastrointestinal complaints. In addition, given documentation of a request for referral to internal medicine regarding GI complaints and a diagnosis of gastrointestinal complaints, there is documentation that the consultation is indicated to aid in the diagnosis, prognosis, or therapeutic management. Therefore, based on guidelines and a review of the evidence, the request for GI Consult is medically necessary.