

Case Number:	CM14-0123850		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2012
Decision Date:	10/09/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal Medicine 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:

The patient was seen on 07/08/2014 for complaints of voice loss and feeling that her symptoms were worsening. She reported feeling intermittent pain in the throat when she swallowed. She is diagnosed with vocal cords nodules and hyperacidity/polyp vocal cord/larynx. The patient was given omeprazole 20 mg for her GI symptoms and referred to speech therapy. Prior utilization review dated 07/28/2014 states the request for Gastroenterology Consultation is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF, Guidelines for the diagnosis and management of gastroesophageal reflux disease, American Journal of Gastroenterology 2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations, page(s) 503

Decision rationale: The guidelines recommend referral to a specialist as deemed necessary by the referral physician. Gastroenterology consult is generally utilized for diseases such as inflammatory bowel disease, colorectal cancer screening, evaluation of Gastrointestinal (GI) bleeding, and other complicated disorders of the GI tract. The clinical documents state the patient has Gastroesophageal Reflux Disease (GERD) and is on Proton pump inhibitors (PPI's) therapy. It is unclear if the patient has good control of her symptoms with PPI therapy. The clinical documents did not state the reason for GI consultation. It is unclear why a specialist is needed to treat GERD when the patient has already begun PPI therapy. No red flag symptoms were noted which would warrant urgent GI referral. In general, GERD can be managed by a primary care physician. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.