

Case Number:	CM14-0095491		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2011
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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:

This is a 44-year-old male with a 1/20/11 date of injury. He was a parole agent who was injured when he was slammed into a parked vehicle by a parolee who was 270 pounds. On 4/30/14, he expressed concern regarding his irritable bowel syndrome. He has to carry toilet paper with him and use the restroom multiple times a day, and be prepared to go in the bushes. He must wear diapers in the event he should soil himself. A physical exam was not documented. The patient's diagnostic impressions are: irritable bowel syndrome, gastroesophageal reflux disease (GERD), chronic sprain of cervicothoracic spine, lumbosacral sprain, hypertensive cardiovascular disease, and sleep disorder. His treatment to date is: medication management, physical therapy, and activity modification. A UR decision dated 5/27/14 denied the request because it was already approved on October 21, 2013. There is insufficient documentation to warrant additional authorization. There is no documentation of duration and frequency of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing internal medicine consult and treatment for any cardiac or irritable bowel syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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 6-Independent Medical Examinations and Consultations, pg 127, 156; Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS states that consultations are recommended, and a 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. However, although the patient is noted to have irritable bowel syndrome, there is no documented time frame of the consultation and treatment request. This request is open-ended and has no duration or frequency documented. In addition, it is unclear what treatment is being requested. Therefore, the request for ongoing internal medicine consultation and treatment for any cardiac or irritable bowel syndrome was not medically necessary.