MAXIMUS Federal Services

Case Number:	CM14-0102509		
Date Assigned:	07/30/2014	Date of Injury:	03/07/2009
Decision Date:	06/26/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who reported an industrial injury on 3/7/2009. Her diagnoses, and/or impressions, are noted to include: gastroesophageal reflux disease (GERD); hypertension; diabetes mellitus; diabetic neuropathy; hyperlipidemia; post-traumatic headaches and psychiatric complaints. No current imaging studies were noted. Her treatments have included laboratory and urine studies; and medication management. The progress notes of 5/4/2015 reported well controlled blood pressure, diabetes and gastroesophageal reflux symptoms, with medications; and no change in her sleep of 6- 7 hours/night. The objective findings were noted to include the review of laboratories run on 1/13/2014, which noted abnormally high levels for glucose, hemoglobin A1C, and urine micro-albumin. The physician's requests for treatments were noted to include gastrointestinal consultation to address urine micro-albumin.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consultation to address urine microalbumin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent medical examinations and consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request is for a gastroenterology consult to evaluate the injured workers urine microalbumin levels. However, the injured worker does not have any GI complaints at this time aside from well-controlled gastroesophageal reflux (GERD). The request for GI consultation to address urine microalbumin is determined to not be medically necessary.