

Case Number:	CM14-0186672		
Date Assigned:	11/14/2014	Date of Injury:	11/22/2010
Decision Date:	06/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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: Arizona, Michigan

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 49 year old female who sustained an industrial injury on 11/20/10. Initial complaints and diagnoses are not available. Treatments to date include knee surgery, cortisone injection into the knee, medications, and physical therapy. Diagnostic studies include MRIs and x-rays. Current complaints include abdominal pain, gassiness and bloating, acid reflux, diarrhea, nausea and vomiting, and burning and cramping. Current diagnoses include abdominal pain, acid reflux, constipation/diarrhea, and bright red blood per rectum. In a progress note dated 10/03/14 the treating provider reports the plan of care as laboratory studies, EKG, abdominal ultrasound, a GI consultation, a low fat low acid diet, and a follow-up in four weeks. The requested treatments are laboratory studies, EKG, abdominal ultrasound, a GI consultation, and a follow-up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs- GI Profile: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Acute Abdominal Pain in Adults. Sarah L. Cartwright, MD, and Mark P. Knudson, MD, MSPH, Wake Forest University School of Medicine, Winston-Salem, North Carolina. Am Fam Physician. 2008 Apr 1; 77(7): 971-978.

Decision rationale: The MTUS/ACOEM and the ODG did not address the use of a gastrointestinal profile in the injured worker and therefore other guidelines were consulted. Per the American Family Physician Journal, appropriate laboratory testing varies based on the clinical situation. A CBC is appropriate if there is infection or blood loss, amylase and lipase is appropriate in patients with epigastric pain, liver chemistries in patients with right upper quadrant pain and other tests like urinalysis. A review of the injured workers medical records reveal complaints of abdominal pain, acid reflux, constipation/diarrhea and bright red blood per rectum, unfortunately the request is not accompanied by specific diagnostic tests and without this information, and is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1894014-overview>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Acute abdominal pain in Adults. Sarah L. Cartwright, MD, and Mark P. Knudson, MD, MSPH, Wake Forest University School of Medicine, Winston-Salem, North Carolina. Am Fam Physician. 2008 Apr 1; 77(7): 971-978.

Decision rationale: The MTUS/ACOEM and the ODG did not address the use of a gastrointestinal profile in the injured worker and therefore other guidelines were consulted. Per the American Family Physician Journal, appropriate diagnostic testing varies based on the clinical situation and patients with upper abdominal pain should be carefully evaluated as this could suggest cardiac ischemia. A review of the injured workers medical records revealed that the treating physician felt that she had possible gastropathy, irritable bowel syndrome or medication/NSAID induced gastropathy, though the injured worker could not recollect the use of NSAID's or narcotics and there was no clear rationale for ordering an EKG, therefore the request for EKG is not medically necessary.

Abdominal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Acute Abdominal Pain in Adults. Sarah L. Cartwright, MD, and Mark P. Knudson, MD, MSPH, Wake Forest University School of Medicine, Winston-Salem, North Carolina. Am Fam Physician. 2008 Apr 1; 77(7): 971-978.

Decision rationale: The MTUS/ACOEM and the ODG did not address the use of a gastrointestinal profile in the injured worker and therefore other guidelines were consulted. Per the American Family Physician Journal, appropriate diagnostic testing varies based on the clinical situation and recommendations for imaging studies are based on the location of abdominal pain. A review of the injured workers medical records revealed a negative abdominal exam and there is no clear rationale for ordering an abdominal ultrasound, therefore the request for Abdominal Ultrasound is not medically necessary.

Follow Up in 4 Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / office visits.

Decision rationale: Per the MTUS/ACOEM "Patients whose low back may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that patients are fully involved in their recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full-work activities. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. Per the ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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." therefore based on the guidelines the request for Follow Up in 4 Weeks is medically necessary.

GI Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Acute Abdominal Pain in Adults. Sarah L. Cartwright, MD, and Mark P. Knudson, MD, MSPH, Wake Forest University School of Medicine.

Decision rationale: The MTUS/ACOEM and the ODG did not address the use of a gastrointestinal profile in the injured worker and therefore other guidelines were consulted. Per the American Family Physician Journal, patients with undiagnosed abdominal symptoms should be followed closely and consultation with a subspecialist should be considered. Therefore based on this recommendation a consult with a gastrointestinal specialist is medically necessary.