

<b>Case Number:</b>	CM14-0061586		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 49 year old male welder who sustained a work related injury on 7/3/13 related to injury of his low back, left shoulder, right wrist/hand and internal organs (liver, spleen and stomach) and with associated sleep difficulties and hearing difficulties. The diagnoses have include left shoulder impingement syndrome, lumbar musculoligamentus sprain/strain, deQuervain's tenosynovitis, abdominal pain, acid reflux and rule out liver dysfunction. The treatment has included imaging studies, lab tests, physical therapy, acupuncture, TENS, cortisone injections and medication. In the Internal Medicine PR-2 dated 3/19/14, the injured worker reports improving abdominal pain and acid reflux. The treatment plan is a request for authorization for a gastrointestinal consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GI Consultation secondary to Gastroesophageal Reflux Disease to rule out Gastritis:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Diagnosis and Management of Gastroesophageal Reflux Disease. Am J Gastroenterol 2013; 108:308 - 328; doi: 10.1038/ajg.2012.444.

**Decision rationale:** Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case, the provider has a patient with acid reflux, which is improving with basic medical therapy. The provider has not implemented a basic work-up for the symptoms nor basic conservative therapy for the supposed disorder. A referral to a gastrointestinal specialist to diagnose the patient's disorder would be appropriate if the provider does not feel comfortable doing the testing, if symptoms are worsening with appropriate initial therapy or if complicated testing is required to make the diagnosis. However, the initial workup is basic to the provider's specialty and the present symptomatology has been resolving with minimal treatment. The request is not medically necessary.