

<b>Case Number:</b>	CM15-0119101		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/15/2004
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 49 year old male who sustained an industrial injury on 05/15/2004. Mechanism of injury was not documented. Diagnoses include lumbar and cervical herniated nucleus pulposus. Treatment to date has included diagnostic studies, and medications. On 01/23/2015 a Magnetic Resonance Imaging of the lumbar spine was done and revealed nucleus disc desiccations at L3/L4, mild bilateral facet hypertrophy and mild central canal stenosis L3/L4, disc space narrowing at L4/L5 with underlying disc desiccation and an approximated 3mm broad based central and right paracentral disc protrusion with compression on the ventral thecal sac, mild bilateral facet hypertrophy and mild bilateral ligamentum flavum thickening with moderate to severe central canal stenosis L4/L5, and disc space narrowing at L5/S1 with underlying disc desiccation at and approximately 2.2mm left paracentral/medial foraminal disc protrusion which may impinge upon both the exiting left L5 nerve root and proximal left S1 nerve root. A physician progress note dated 05/05/2015 documents the injured worker complains of continued low back pain, and difficulty walking now due to complaints of pain in his bilateral lower extremities and weakness. On examination he has decreased sensation and positive spasm and tenderness to palpation at L5-S1. He complains of symptoms of gastrointestinal complications secondary to medications usage. The treatment plan is for an updated Magnetic Resonance Imaging of the lumbar spine due to increased weakness and atrophy and neuro deficits. Treatment requested is for a consultation with a gastroenterologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with gastroenterologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, consultation with G.I. is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is lumbar HNP. The date of injury is May 15, 2004. The earliest progress note of the medical records is dated October 7, 2014. Subjectively, the primary complaint is low back pain, but the treating provider mentions stomach upset due to medications. Medications are not listed. The documentation does not indicate whether offending or potential offending medications were discontinued. There is no other documentation of GR related complaints in the medical record including a February 24, 2015 progress note and the most recent progress note May 5, 2015. Medications were not listed in the medical records. There were no additional clinical entries of GI related complaints. Consequently, absent clinical documentation with G.I. related complaints and a clinical indication and rationale for a GI consultation, consultation with G.I. is not medically necessary.