

<b>Case Number:</b>	CM15-0122840		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Texas, New York, 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 applicant is a represented 41-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 30, 2014. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve requests for a gastroenterology consultation and a pain management specialist consultation. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines in its determination and mislabeled the same as originating from the MTUS. The claims administrator stated that the applicant had a history of melena with usage of NSAIDs. The claims administrator referenced a January 9, 2015 progress note in its determination. The claims administrator contended that the primary treating provider (PTP) should be able to manage the applicant's pain complaints and also contended that the presence or absence of melena had not been established. In an undated letter, the applicant stated that he had been seen in Emergency Department on May 18, 2015 for issues with abdominal pain, nausea, and vomiting. The applicant posited that these issues might represent a function of NSAID usage. The applicant stated that he had developed issues with black, tarry stools from time to time. The applicant contended that he should be afforded the opportunity to consult a gastroenterologist. In an RFA form dated June 29, 2015, a thoracic epidural steroid injection and Robaxin were endorsed. In an associated progress note of June 25, 2015, the applicant reported ongoing complaints of mid back pain aggravated by activities such as reaching and lifting. The attending provider contended that the applicant was working and that Robaxin had proven effective. Highly variable 3-9/10 pain complaints were noted. The applicant was apparently working on a part-time basis at a rate of three days a week, it was

reported in one section of the note. Thoracic epidural injection, pain management consultation, and gastroenterology consultation were sought while the applicant was returned to part-time work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gastroenterologist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for a gastroenterologist consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant was described as having issues with black, tarry stools, reportedly imputed to NSAID consumption. The applicant had apparently presented to the Emergency Department on May 18, 2015 reporting nausea, vomiting, and abdominal pain. Obtaining a gastroenterology consultation was, thus, indicated to evaluate the extent and/or source of the applicant's issues and/or allegations of melena, nausea, vomiting, abdominal pain, etc. Therefore, the request was medically necessary.

**Pain Management specialist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Similarly, the request for a pain management specialist consultation was likewise medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had longstanding mid back pain complaints which had proven recalcitrant to time, medications, part-time work, acupuncture, etc. Obtaining the added expertise of a practitioner specializing in chronic pain, such as a pain management physician was, thus, indicated to formulate other appropriate treatment options. Therefore, the request was medically necessary.