

Case Number:	CM15-0125461		
Date Assigned:	07/10/2015	Date of Injury:	12/14/2007
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 a 58 year old male, who sustained an industrial injury on 12/14/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having hypertension, hypertensive retinopathy, gastroesophageal reflux disease, constipation/diarrhea, sleep disorder, cephalgia, orthopedic diagnoses, and psychiatric diagnoses. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, home exercise program, and physical therapy. In a progress note dated 05/12/2015 the treating physician reports complaints of acid reflux, worsening sleep issues, shortness of breath, dizziness, palpitations, and needle-like chest pain. Examination was revealing for no abnormalities. The treating physician requested an office referral to gastroenterologist for gastroesophageal reflux disease, constipation, abdominal pain, and to have an endoscopy/colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Gastroenterologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 75 and 92. Decision based on Non-MTUS

Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, pages 112 and 127.

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

Decision rationale: Pursuant to the ACOEM, referral to gastroenterologist 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 diagnoses are hypertension; gastroesophageal reflux disease; constipation/diarrhea; and sleep disorder. Date of injury is December 14, 2007. The request for authorization is May 22, 2015. The injured worker has been under the care of [REDACTED]. The injured worker was seen on multiple occasions including December 16, 2014; January 20, 2015; February 18, 2015; and March 31, 2015. On March 31, 2015, the treating provider indicated the gastroesophageal reflux disease was controlled. The injured worker takes Gaviscon and Prilosec. Objectively, the abdomen was soft and non-tender. On May 12, 2015 the treating provider refers the injured worker to a gastroenterologist. Subjectively, the documentation indicates gastroesophageal reflux is unchanged. The gastroesophageal reflux was controlled according to the March 31, 2015 progress note. Physical examination remains unremarkable. There was no clinical indication a rationale for a referral to a gastroenterologist when the gastroesophageal reflux disease is controlled. Consequently, absent clinical documentation with a clinical indication and rationale and control gastroesophageal reflux disease and the unremarkable physical examination, referral to gastroenterologist is not medically necessary.