

<b>Case Number:</b>	CM15-0149135		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who sustained an industrial-work injury on 2-1-13. She reported an initial complaint of right shoulder and back pain. The injured worker was diagnosed as having unspecified gastritis and gastroduodenitis, status post lumbar spine fusion with residual, status post right shoulder residual pain-flare-up, right lateral epicondylitis. Treatment to date includes medication, surgery (right shoulder on 7-31-14, lumbar spine fusion), physical therapy, acupuncture. X-ray results were reported on 7-8-14. EMG-NCV (electromyography and nerve conduction velocity test) was done on 9-9-13. Currently, the injured worker complained of orthopedic pain, gastritis-GERD (gastro-esophagus reflux disease) from the NSAID (non-steroid anti-inflammatory medication) and obesity. Per the primary physician's report (PR-2) on 1-15-15, exam revealed symptoms of weight gain, stress, gastritis, and anxiety. Report of 2-23-15 reports gastric upset. Current plan of care included weight loss and gastroenterologist consultation. The requested treatments include extension of gastroenterologist consultation for 90 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension of gastroenterologist consultation for 90 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter, pages 89-92.

**MAXIMUS guideline:** The Expert Reviewer 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.

**Decision rationale:** The current request is for Extension of gastroenterologist consultation for 90 days. Treatment history included lumbar spine fusion with residual, right shoulder (07/18/14), medications, acupuncture and physical therapy. The patient is TTD. ACOEM Guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per report 03/23/15, the patient presents with chronic neck, lower back and right shoulder pain. The patient also presents with gastritis-gerd (gastro-esophagus reflux disease) from previous NSAID use. The patient's current medications include prilosec, gabapentin and norco. Diagnosed as having unspecified gastritis and gastroduodenitis. This is a request for a gastroenterologist consultation. The patient presents with a history of upset stomach and has been using prilosec with continued symptoms. The treater is requesting a referral to a specialist for consultation. ACOEM guidelines do indicate that such consultations are supported at the care provider's discretion. Therefore, the request is medically necessary.