

Case Number:	CM15-0175624		
Date Assigned:	09/17/2015	Date of Injury:	01/06/2005
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female with a date of injury on 1-6-2005. A review of the medical records indicates that the injured worker is undergoing treatment for gastroesophageal reflux disease, history of large hiatal hernia, irritable bowel syndrome, abnormal electrocardiogram, and bradycardia. According to the comprehensive internal medicine consult dated 7-30-2015, the injured worker reported having difficulty walking two blocks. She reported high blood pressure, swelling of hands and feet, and awakening in the night smothering. She reported peptic ulcer disease and gallbladder disease. The physical exam (7-30-2015) revealed regular heart rate and rhythm. There was no abdominal tenderness. Current medications (7-30-2015) included Reglan and Dexilant. The original Utilization Review (UR) (8-17-2015) denied requests for an electrocardiogram, lab work up and an ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Per the cited CA MTUS guidelines, specialist evaluation may be necessary when complaints persist and the diagnosis needs to be reconsidered. In the case of this injured worker, she has had a long-term history of gastroesophageal reflux disease, hiatal hernia, irritable bowel syndrome, and abnormal EKG. Per the treating provider notes from 7-30-2015, she had transferred into a new provider, who wished to order baseline laboratory testing. It appears that the treating provider had not reviewed prior medical records, had conflicting documentation regarding her complaints, and documented a normal physical exam. Although it may be reasonable for a baseline EKG, further documentation of the medical rationale is needed. Therefore, the request for EKG is not medically necessary or appropriate.

Lab workup: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Per the cited CA MTUS guidelines, specialist evaluation may be necessary when complaints persist and the diagnosis needs to be reconsidered. In the case of this injured worker, she has had a long-term history of gastroesophageal reflux disease, hiatal hernia, irritable bowel syndrome, and abnormal EKG. Per the treating provider notes from 7-30-2015, she had transferred into a new provider, who wished to order baseline laboratory testing. It appeared that the treating provider had not reviewed prior medical records, had conflicting documentation regarding her complaints, a documented a normal physical exam. According to other records available, the injured worker had lab testing on 9-2-2014, which was normal for chemistry panel, thyroid function, H. Pylori Ab and Hemoglobin A1C. Although it may be reasonable for a baseline lab workup, further documentation of the medical rationale is needed. Therefore, the request for lab workup is not medically necessary or appropriate.

Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Per the cited CA MTUS guidelines, specialist evaluation may be necessary when complaints persist and the diagnosis needs to be reconsidered. In the case of this injured worker, she has had a long-term history of gastroesophageal reflux disease, hiatal hernia, irritable bowel syndrome, and abnormal EKG. Per the treating provider notes from 7-30-2015, she had transferred into a new provider, who wished to order baseline laboratory testing. It appeared that

the treating provider had not reviewed prior medical records, had conflicting documentation regarding her complaints, a documented a normal physical exam. Although it may be reasonable for a baseline ultrasound, further documentation of the specific medical rationale is needed. Therefore, the request for ultrasound is not medically necessary or appropriate.