MAXIMUS Federal Services

Case Number:	CM15-0179561		
Date Assigned:	09/21/2015	Date of Injury:	07/03/2013
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain, an orbital fracture, a neurogenic bladder, and constipation reportedly associated with an industrial injury of July 3, 2013. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for an "outpatient bowel program." The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant's primary treating provider (PTP) placed the applicant off of work, on total temporary disability. The applicant was apparently self catheterizing for issues of urinary retention. The applicant had undergone open reduction of the sacral fracture, it was reported. The date of said surgical intervention was not detailed. The applicant was also described as using Cymbalta for anxiety and depression. The applicant also had issues with reflux and constipation, it was reported. The applicant was pending receipt of "bowel training," the treating provider reported. On August 13, 2015, the applicant was placed off of work, on total temporary disability. The applicant was asked to undergo a "bowel program." The attending provider suggested that the applicant had had a prior bowel program, which was reportedly terminated at an unspecified point in time. The composition and/or duration of said bowel program was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bowel Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for an "outpatient bowel program" was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider furnish a prescription for physical methods and, by implication, the outpatient bowel program at issue, which "clearly states treatment goals." Here, however, the duration, frequency, and/or nature of the "outpatient bowel program" was not specified. It was not clearly stated precisely what the outpatient bowel program at issue represented and/or why the applicant was in need of any kind of formal instruction or training involving the same. Therefore, the request was not medically necessary.