

<b>Case Number:</b>	CM15-0046472		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: 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 44 year old female who sustained an industrial injury on 8/19/12. The injured worker reported symptoms in the epigastric area. The injured worker was diagnosed as having gastritis/gastroesophageal reflux disease, irritable bowel syndrome, and urinary tract infection. Treatments to date have included oral pain medication, proton pump inhibitor, non-steroidal anti-inflammatory drugs, and oral muscle relaxant. Currently, the injured worker complains of epigastric pain. The plan of care was for Internal medicine consultation and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 78, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, internal medicine consultation 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. 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 medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are gastritis/gastroesophageal reflux disease; irritable bowel syndrome; orthopedic diagnosis; weight gain; obesity activated; and mild hypertension. The injured worker has been having burning epigastric pain with nausea not related to food for an undetermined period of time. The injured worker states her abdominal pain is related to ingesting Metamucil. The worker has been out of Metamucil and developed increased cramping and pain. There is no vomiting. The injured worker admits to intermittent bright red blood per rectum. Physical examination showed a well-nourished woman with an obese abdomen and tenderness in the epigastric, right upper quadrant and left lower quadrant. There was no rebound tenderness. There was no specific indication for a follow up visit. There were minimal findings on physical examination. The progress note dated January 22, 2015 states the patient is to return for follow-up in seven weeks stable she will be made permanent and stationary return visit. There is no specific indication or clinical rationale for a follow-up office visit. This is not a new patient consultation. Additionally, the treating internal medicine physician(s) has seen and consulted on this injured worker six times from May 20, 2014 to January 22, 2015. Consequently, absent compelling clinical documentation with a clinical indication and rationale for a follow-up office visit, internal medicine consultation is not medically necessary.