

<b>Case Number:</b>	CM15-0068670		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 56 year old male who sustained an industrial injury on 03/29/2010. Diagnoses include diabetes mellitus, aggravated by work-related injury, hypertension aggravated by work-related injury, obesity, blurred vision, and rule out secondary to hypertension and diabetes, and sleep disorder, rule out obstructive sleep apnea. Deferred diagnoses include gastrointestinal complaints, orthopedic complaints and psychiatric complaints. Treatment to date has included diagnostic studies, medications, physical therapy, and steroid injections. A physician progress note on 02/03/2015 notes the injured worker's home blood pressure is 151/104 and his home blood sugar is 227 fasting in the morning. On examination his blood pressure was 109/76, and non-fasting blood sugar was 227. Treatment requested is for Labs GI profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs GI profile:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, laboratories: G.I. profile are not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are diabetes mellitus; hypertension; obesity; blurred vision; and sleep disorder. Deferred diagnoses include gastrointestinal complaints, orthopedic complaints, and psychiatric complaints. Subjectively, according to a February 3, 2015 progress note, there are no subjective gastrointestinal complaints or abdominal complaints. Objectively, the abdomen was soft and nontender. There was no clinical indication or rationale for ordering a gastrointestinal laboratory profile. Consequently, absent clinical documentation with a clinical indication and rationale with subjective and objective complaints indicating a gastrointestinal origin, laboratories: G.I. profile are not medically necessary.