

Case Number:	CM15-0078088		
Date Assigned:	04/29/2015	Date of Injury:	11/09/1993
Decision Date:	05/26/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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 62 year old female, who sustained an industrial injury on 11/9/1993. She reported an injury to the back. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post cervical fusion with chronic pain issues. There is no record of a recent diagnostic study. Treatment to date has included surgery, psychotherapy, heat and medication management. In a progress note dated 2/17/2015, the injured worker complains of primarily low back pain, neck pain, bilateral upper extremities pain and bilateral knee pain. The treating physician is requesting gastrointestinal consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastro consult and treat: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medial Examinations and Consultations, pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. 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, referral gastroenterology consultation and treatment 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. In this case, the injured worker's working diagnoses are failed back surgery syndrome; status post L3- S1 AP fusion; status post left shoulder arthroscopy; left-hand arthrofibrosis; status post C-4 -C7 AVDF; right cubital tunnel syndrome; and end stage right knee osteoarthritis. The most recent progress note by the requesting physician (for the consultation) is dated September 17, 2014. The request for authorization for the gastrointestinal consult and treatment is dated March 26, 2015. There are no contemporaneous progress notes on or about March 26, 2015 progress note from the requesting physician. The utilization review states the injured worker was complaining of nausea and vomiting. Nausea and vomiting are relatively nonspecific. There is no clinical indication and rationale in the medical record documentation to support a referral to a GI consultant. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There was no clinical information in the medical record that was designed to aid in the diagnosis, prognosis or therapeutic management of the injured worker. Consequently, absent clinical documentation with a clinical indication and rationale and a contemporaneous progress note on or about the date of authorization (March 26, 2015), referral gastroenterology consultation and treatment is not medically necessary.