

<b>Case Number:</b>	CM15-0092664		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Arizona, Texas

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:

This 53 year old man sustained an industrial injury on 8/6/2008. The mechanism of injury is not detailed. Diagnoses include gastroesophageal reflux disease secondary to NSAID use, irritable bowel syndrome, hemorrhoids secondary to irritable bowel syndrome, rectal bleeding secondary to hemorrhoids, abdominal pain, diverticulosis, and gastric ulcer. Treatment has included oral medications. Physician notes on a PR-2 dated 4/2/2015 show complaints of unchanged constipation, diarrhea, hemorrhoids, gastroesophageal reflux disease and worsening bright red blood per rectum. Recommendations include gastrointestinal profile laboratory studies, 2D echocardiogram, Nexium, Ranitidine, Gaviscon, Citrucel, Colace, Carafate, Simethicone, Probiotics, Bentyl, Hyoscyamine, Nortriptyline, Trepadone, Sentra AM, Ophthalmology Consultation, low acid, low fat irritable bowel syndrome diet, practice a course of sleep hygiene, increase fluid intake, and follow up in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ophthalmology Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**Decision rationale:** According to the ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case the documentation doesn't support that the patient has active complications with his eyes. There are no eye complaints in documentation or necessity for eye medications. Therefore, this request is not medically necessary.

**Two-Dimensional Echocardiography (2D-echo): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AMA Guidelines for the Clinical Application of Echocardiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, diagnostic approach to chest pain in adults.

**Decision rationale:** The MTUS is silent regarding the use of echocardiography. According to UpToDate.com the history, physical examination, and, in some individuals, an immediate ECG and chest radiograph should be sufficient to allow the clinician to form a hypothesis regarding the etiology of pain (e.g., musculoskeletal, cardiac, gastrointestinal, pulmonary, psychogenic, or other etiology). For select patients with possible low-risk ACS or chronic stable CAD, an accelerated diagnostic protocol or rapid outpatient stress testing may provide important risk or diagnostic information [63]. More specific studies or therapeutic trials (such as myocardial perfusion or echocardiographic stress testing, a diagnostic course of acid suppression, or lung perfusion, bone, or chest CT scanning) may be required to establish specific etiologies for chest pain. In this case the provider ordered an echocardiogram without a clear indication documented. The previous office visits documented subjective complaints of chest pain and objective findings of sinus bradycardia on ECG. The most recent documented office visit doesn't document any active cardiac complaints. The request for echocardiogram is not medically necessary.

**Gastrointestinal (GI) Profile: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, medical management of GERD in adults.

**Decision rationale:** The MTUS is silent regarding the use of laboratory studies for gastric disease. In this case the patient has a documented diagnosis of abdominal pain, GERD, diverticulosis, IBS and hemorrhoids. The office visit dated 4/2/15 documents that he patient has worsening rectal bleeding and continued complaints of abdominal pain and GERD. The documentation submitted doesn't specify what type of studies is included in a GI profile. There is no indication hemoglobin or studies for H. Pylori are included in this panel. Without a specific list of studies the request for GI panel is not medically necessary.