

<b>Case Number:</b>	CM13-0009807		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 pt is a 39 y.o. female with a h/o injury on 4/11/11. Her diagnoses include DM, depression, anxiety, obesity and acid reflux. The reflux was diagnosed in 2011. The pt has been on Naproxen and Motrin. Abdominal ultrasound, UGI series and treatment for H-pylori and hyperacidity were requested when the H pylori titre was found to be elevated. Ur denied these requests on 7/23/13. An appeal was made on 9/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper gastrointestinal series:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASGE Standards of Practice Committee, Ben-Menachem T, Decker GA, Early DS, Evans J, Fanelli RD, Fisher DA, Fisher L, Fukami N, Hwang JH, Ikenberry SO, Jain R, Jue TL, Khan KM, Krinsky ML, Malpas PM, Maple JT, Sharaf RN, Dominitz JA, Cash BD. Adverse events of uppe

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil's textbook of medicine 24th ed. Ch 141

**Decision rationale:** Cecil's recommends endoscopy as the primary investigative tool in evacuating acid peptic disease. Barium contrast is an inferior alternative. There is nothing in the

record to suggest why this test in particular was requested. The UR decision remains. The request for upper gastrointestinal series is not medically necessary and appropriate.

**Abdominal ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Abnormal liver chemistry - evaluation and interpretation. Victoria (BC): British Columbia Medical Services Commission; 2011 Aug 1. 5 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil's textbook of med 24th ed. Ch 141

**Decision rationale:** According to the guidelines in Cecil's, an abdominal ultrasound is not indicated in the w/u of peptic ulcer disease. The record does not indicate why this test was ordered. The UR decision remains. The request for an abdominal ultrasound is not medically necessary and appropriate.