

Case Number:	CM13-0023822		
Date Assigned:	10/11/2013	Date of Injury:	10/13/2008
Decision Date:	01/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 IMR application shows the injury date as 10/13/08 and that the 8/23/13 UR decision on the upper gastrointestinal exam is being disputed. The employee is described as having bilateral knee pain and possible lumbar radiculopathy. She has had knee surgeries, and in pain management. She has GERD and GI issues presumed to be related to the medications for the industrial injury. The 8/9/13 medical documentation shows significant improvement in acid reflux with use of Dexilant. No dysphagia, odynophagia or anorexia, no nausea, vomiting, melana. Assessment was that the GERD was secondary to NSAIDs and medications, she also had positive H.pylori. and was s/p lap band procedure. She has elevated lipase level. Requests US of the abdomen for further evaluation of this, and the upper GI series requested on the 6/10/13 visit is still pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

An upper gastrointestinal examination: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease (www.guidelines.gov/content.aspx?id=43847&search=gerd).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The medical records provided for review show the physician evaluated the upper and lower GI issues on 6/10/13. He suspects GERD symptoms from taking NSAIDs. There is history of lap band surgery. She had abdominal pain for 3 years, She has dyspepsia, abdominal pain and burning sensation that refluxes up to her throat, but denies vomiting. This occurs typically after meals and when she lays down at night. Omeprazole did not help, so Dexilant was tried. The California ACEOM for the lumbar spine states that special studies "may be appropriate when the physician believes it would aid in patient management" The physician wanted the Upper GI series to further evaluate the persistent GI symptoms. The request appears to be in accordance with MTUS/ACOEM clinical topic chapters.