

Case Number:	CM13-0063796		
Date Assigned:	02/14/2014	Date of Injury:	07/07/2000
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Internal Medicine, and Pulmonary Diseases 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 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/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 injured worker is a 57-year-old male who reported an injury on 07/07/2000, after lifting a heavy object. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included surgical intervention, multiple medications, and various other types of conservative treatments. The injured worker was evaluated on 10/28/2013. It was noted that the injured worker had a history of gastroesophageal reflux disease for approximately 8 years with associated symptoms to include heartburn and cough. It was noted that the injured worker had undergone diagnostic imaging studies and was provided a diagnosis of Barrett's esophagus with some strictures that required dilation. The injured worker's treatment plan included a Barium Esophagram to rule out a hiatal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BARIUM ESOPHAGRAM TO ASSESS FOR HIATAL HERNIA, DUE TO GERD FROM THE LUMBAR SPINE DISORDER AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Davis-Christopher Textbook of Surger, 12th Ed. David C. Sabiston JR., W.B. Saunders Company, 1981

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Practice Guideline for the Performance of Esophagrams and Upper Gastrointestinal Examination In Adults, RES 29-2035

Decision rationale: The American College of Radiology recommends esophageal evaluation when an injured worker is symptomatic or when gastroesophageal reflux disease is suspected, abdomen pain, epigastric distress or discomfort, dyspepsia, nausea, vomiting, signs and symptoms of upper GI bleeding, anemia, or weight loss. The clinical documentation submitted for review does not provide any evidence that the injured worker has any signs and symptoms beyond what would be expected of an injured worker diagnosed with gastroesophageal reflux disease. As the injured worker has already been diagnosed with this disease process and there is no documentation of a significant change in the patient's clinical presentation to support the suspicion of a hiatal hernia, the need for this study is not clearly supported. The request for 1 Barium Esophagram to assess for a hiatal hernia due to GERD from the lumbar spine disorder as an outpatient is not medically necessary and appropriate.