

<b>Case Number:</b>	CM13-0071573		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 General Surgery, and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 02/08/2010. The mechanism of injury was a motor vehicle accident. Since the time of her injury, she has experienced abdominal pain, constipation, and neck, back, and left leg pain, with a notable increase in severity since 2011. The injured worker received chiropractic, physical therapy, and cortisone injections. Despite persistent complaints and referral to a GI specialist, the injured worker has yet to receive a diagnosis regarding her abdominal complaints. Although the injured worker utilizes laxatives, proton pump inhibitors, and antacids, her symptoms have not resolved. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UPPER GASTROINTESTINAL SERIES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The ACOEM Guidelines recommend special studies, even those not described within guidelines, when indicated, and they may be used to confirm clinical data.

Guidelines also state that effective therapy should be available for any condition that the clinician attempts to identify. As the injured worker has been complaining of gastrointestinal symptoms for over 3 years, has been seen by a GI specialist that recommended an upper GI series, and is not receiving relief from other interventions, it is appropriate that further studies be done to determine the etiology of the injured worker's significant pain complaints. Furthermore, ACOEM Guidelines state that special studies that can be used to determine conditions that may be helped by surgical or medical therapy, possibly more detailed than those described in guidelines, are indicated. As such, the request is medically necessary and appropriate.