

Case Number:	CM13-0072161		
Date Assigned:	01/08/2014	Date of Injury:	05/23/2012
Decision Date:	07/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 patient is a 58 year old female who was injured on 05/23/2012 while she was standing on a stool in the supply closet about a foot off the ground reaching for material to put into a bin. She was doing this for an hour when her back locked on her and she could not move. Diagnostic studies reviewed include an H-pylori antibody test which was positive. Prior treatment history has included the following medications: aspirin, Lipitor, Metformin, benazepril/HCTZ, Lantus, cyclobenzaprine, Ultracet, Prilosec, Anabar, Anaprox-DS. The patient has been through physical therapy, activity modification, and used a back brace. Progress note dated 09/27/2013 reveals the patient stating she denies any vomiting but admits to heartburn. Utilization report dated 11/27/2013 denied the request for upper gastrointestinal series as there was no information submitted regarding any clinical presentation that indicates the need for the proposed procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) UPPER GASTROINTESTINAL SERIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ther Medical Treatment Guideline or Medical Evidence:uptodate.com Upper GI Series/Endoscopy.

Decision rationale: CA MTUS and ODG do not specifically discuss the issue in dispute. The uptodate.com guidelines recommend Upper GI Series to evaluate for signs/symptoms consistent with gastrointestinal ulcers, uncontrolled vomiting, or other lower GI symptoms such as hematochezia or melena. The clinical notes document the patient has heartburn and is on Prilosec. However, heartburn is generally treated conservatively and does not require further workup with imaging and/or endoscopy unless red flag signs are present or symptoms persist despite treatment. The clinical notes do not document the patient as having red flag signs or discuss in detail the patient's response to therapy. The notes do not provide an indication for upper GI series or which diagnoses the ordering physician is evaluating. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.