

<b>Case Number:</b>	CM14-0108878		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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, has a subspecialty in Nephrology, 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:

Patient is a 61-year-old male who has submitted a claim for peptic ulcer disease, cervical spine strain, lumbar spine multi-level disc disease, lower extremity radiculitis, and varicose vein at bilateral lower extremities associated with an industrial injury date of 5/21/2009. Medical records from 2014 were reviewed. The patient complained of constipation. Patient experienced neck pain and low back pain. Physical examination of the back showed tenderness and restricted motion. Examination of the low back showed tenderness and positive straight leg raise test bilaterally. Treatment to date has included extracorporeal shockwave therapy, physical therapy, left shoulder arthroscopy, and medications such as Norco, Prevacid, and topical creams. Utilization review from 6/23/2014 denied the request for Upper GI Series with Esophagram (Barium Swallow) because the medical records submitted did not document the injury, current treatment, or reason for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Upper GI Series with Esophagram (Barium Swallow): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[Http://www.ncbi.nlm.nih.gov/pubmed/7116771](http://www.ncbi.nlm.nih.gov/pubmed/7116771) Upper Gastrointestinal barium studies in the elderly: follow-up in 101 patients. Twining P, Dixon AK, Rubenstein D, Davison W. 1982 Sep; 33(5):519-22. Abstract

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Reed Group Disability Guidelines, Upper Gastrointestinal Series  
<<http://www.mdguidelines.com/upper-gastrointestinal-series>>

**Decision rationale:** CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Reed Group Disability Guidelines was used instead. It states that an upper gastrointestinal series is a test that allows visualization of the esophagus, stomach, and the first part of the small intestine (duodenum). An upper gastrointestinal series is performed in order to visualize the esophagus, stomach, and small intestine and detect abnormalities. The procedure is also useful in diagnosing swallowing difficulties, heartburn, pain in the upper abdomen, or bleeding from the stomach or esophagus. It can also help diagnose a tumor, ulcer, or hiatal hernia. In this case, progress report from 3/21/2014 stated that patient had a history of constipation and peptic ulcer disease hence, a prescription for Prevacid. However, the current clinical functional status of the patient in terms of his gastrointestinal complaints is unknown. There are no recent subjective complaints and objective findings that may corroborate this request. There is no clear indication for upper GI series at this time due to insufficient documentation. Therefore, the request for Upper GI Series with Esophagram( Barium Swallow) is not medically necessary.