

<b>Case Number:</b>	CM14-0014902		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/07/2002
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Board Certified General Surgeon, has a subspecialty in Board Certified Colon & Rectal Surgeon and is licensed to practice in Texas, California, and New York. 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 male who reported an injury on 10/07/2005. The injured worker's age or date of birth was not provided in the clinical documentation. The mechanism of injury was reported while changing a battery on a fork lift; the injured worker felt pain in the left arm, shoulder, and upper back. Per the clinical documentation submitted dated 04/09/2012, the injured worker reported heartburn for which he was given omeprazole. He underwent an endoscopy in the upper and lower gastrointestinal tract in 2012 which revealed acid reflux disease and a hiatal hernia, as well as erosive gastritis. The injured worker has also complained of excessive gas and bloating with difficulty swallowing. Upon physical exam, the provider noted generalized abdominal pain consistent with irritable bowel syndrome, obesity, hypertension, and hyperlipidemia. The provider recommended the injured worker to discontinue the use of NSAID therapy. The provider requested for an upper gastrointestinal series. However, rationale was not provided in the clinical documentation. Additionally, the request for authorization was not provided in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UPPER GASTROINTESTINAL SERIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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: American College of Gastroenterology, Radiographic Test in GI, Online Database, [http://patients.gi.org/topics/gi-radiographic-tests/#basics\\_1](http://patients.gi.org/topics/gi-radiographic-tests/#basics_1).

**Decision rationale:** The request for an upper gastrointestinal series is not medically necessary. The injured worker complained of heartburn. The injured worker has complained of excessive gas and bloating with difficulty swallowing on occasion. He underwent an endoscopy in the upper and lower gastrointestinal tract in 2012 and was found to have acid reflux disease and a hiatal hernia, as well as erosive gastritis. The American College of Gastroenterology notes an upper gastrointestinal series is a barium study evaluating the esophagus, stomach, and first part of the small intestine. The test is ordered to search for causes of nausea, vomiting, abdominal pain, or weight loss to name a few. It is preferred much the same way as a barium esophagram, except additional time is required to take a picture as barium travels further into the intestinal tract. A small bowel follow through x-ray utilizes the same principle and requires abdominal x-ray films to be taken over many hours. The last test is often ordered to evaluate chronic diarrhea or abdominal pain or to follow a patient with Crohn's disease. There is lack of documentation indicating the injured worker is diagnosed with nausea, vomiting, abdominal pain, or weight loss. There was lack of documentation indicating the injured worker to be diagnosed with Crohn's disease. Additionally, the documentation supported indicated the injured worker to be diagnosed with GERD. However, the guidelines do not recommend upper gastrointestinal series for the diagnosis of GERD. Therefore, the request for upper gastrointestinal series is not medically necessary.