

Case Number:	CM14-0119432		
Date Assigned:	08/06/2014	Date of Injury:	04/25/2013
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine & Rehabilitation 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 54-year-old female who has submitted a claim for abdominal pain associated with an industrial injury date of April 25, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of abdominal pain syndrome and gastric reflux. Examination revealed soft, normoactive bowel sounds. Treatment to date is unclear. The progress note that explored the patient's abdominal pain, dated April 23, 2014, recommended the patient to continue present medications and avoid NSAIDs. It is not clear which medications the provider was referring to. Utilization review from July 17, 2014 denied the request for Upper gastrointestinal series because there was insufficient clinical data for current therapy. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

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 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 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, the patient complained of abdominal pain that was not well characterized by the records provided. GI examination revealed normal results. The medication history of the patient in terms of the GI complaint is not well documented. The plan of the provider regarding the patient's complaint is not provided as well. There is insufficient information to determine whether the patient needs upper gastrointestinal series. Therefore, the request for Upper gastrointestinal series is not medically necessary.