

<b>Case Number:</b>	CM14-0137059		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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:

According to the records made available for review, this is a 46-year-old male with a 1/12/06 date of injury. At the time (7/8/14) of request for authorization for gastric emptying study, there is documentation of subjective (chronic constipation, acid reflux, and chronic nausea after taking pills) and objective (no pertinent findings) findings, endoscopy findings (esophagogastroduodenoscopy (EGD) (3/5/08) report revealed hiatal hernia and chronic gastritis), current diagnoses (chronic narcotic-induced slow transit constipation, chronic GERD, and nausea related to pill-induced gastric irritation), and treatment to date (medications (Colace, Golytely, Miralax, Nexium, and Senna). In addition, medical report identifies a plan instructing the patient to take Nexium first thing in the morning followed by all the other pills to help counter the nausea, and if symptoms persist, then proceed with a gastric emptying study as part of the workup for nausea. There is no documentation of a condition/diagnosis for which a gastric emptying study is indicated (following response to therapy (medications)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GASTRIC EMPTYING STUDY:** 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: ([http://www.medicinenet.com/gastric\\_emptying\\_study/page2.htm](http://www.medicinenet.com/gastric_emptying_study/page2.htm))

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis for which a gastric emptying study is indicated (such as: postprandial (after meals): nausea and vomiting; upper abdominal discomfort, bloating; poor diabetic control; chronic aspiration; suspected gastroparesis; gastric outlet obstruction; and/or following response to therapy (i.e. medications)), as criteria necessary to support the medical necessity of a gastric emptying study. Within the medical information available for review, there is documentation of diagnoses of chronic narcotic-induced slow transit constipation, chronic GERD, and nausea related to pill-induced gastric irritation. However, despite documentation of subjective findings (chronic nausea after taking pills), and given documentation of a plan instructing the patient to take Nexium first thing in the morning followed by all the other pills to help counter the nausea, and if symptoms persist, then proceed with a gastric emptying study as part of the workup for nausea, there is no documentation of a condition/diagnosis for which a gastric emptying study is indicated (following response to therapy (medications)). Therefore, based on guidelines and a review of the evidence, the request for gastric emptying study is not medically necessary.