

<b>Case Number:</b>	CM14-0156810		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 40-year-old with a reported date of injury of 11/29/2011. The patient has the diagnoses of myoligamentous strain of the cervical spine, inflammatory process of the right shoulder, inflammatory process of the left shoulder, right lateral epicondylitis, right carpal tunnel syndrome, depression, and abdominal pain/constipation and status post reconstruction of the right lateral epicondyle. Per the progress notes provided for review by the requesting physician dated 08/14/2014, the patient had complaints of continued burning upper abdominal pain despite increased dose of Prilosec and stopping NSAID therapy. The physical exam noted epigastric tenderness. Previous blood chemistry panels had returned normal. The treatment plan recommendations included a request for an upper GI series and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI Series:** Overturned

**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/pubmedhealth/pmh0004273/>

**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: John Hopkins Medicine, Upper GI Series

**Decision rationale:** The California MTUS, ACOEM, and ODG do not specifically address the requested service. Per the John Hopkins Medical Procedure guide, Upper GI Series are may be performed to diagnose structural or functional abnormalities of the esophagus, stomach and duodenum. These abnormalities may include but are not limited to, ulcers, GERD, inflammation, infection, benign tumors, cancer, structural problems, hiatal hernia, dysphagia, motility disorders, chest/and or abdominal pain, unexplained vomiting and/or indigestion and bloody bowel movements. The progress notes indicate the upper GI series was ordered to evaluate upper abdominal pain that had not improved. Seven weeks prior to the request, the physician had stopped NSAID therapy and increased the dose of PPI. The patient continued to have abdominal pain despite conservative treatment measures. The listed indications for upper GI series do included abdominal pain. Criteria have thus been met and the request is medically necessary.