

Case Number:	CM14-0163209		
Date Assigned:	10/08/2014	Date of Injury:	05/10/2008
Decision Date:	11/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This is a 45-year-old male with a 5/10/08 date of injury. The patient injured his cervical and lumbar spine, shoulders. He developed stress, tension, and sexual dysfunction during the course of his employment. According to an internal medicine evaluation report dated 5/5/14, the patient stated that he developed epigastric abdominal pain, burning, and reflux of acid from the use of ibuprofen and various pain medications. He had indigestion and occasional nausea, but no vomiting. He has lost approximately 10 pounds intentionally. He reported having occasional abdominal bloating and occasional constipation, but for the most part, these symptoms are stable. Ibuprofen was discontinued 2-3 months ago because of his abdominal complaints, and he was switched to tramadol and placed on omeprazole. His gastrointestinal (GI) symptoms have improved, but they do persist. The provider is requesting an upper GI series as well as an ultrasound of the abdomen for further evaluation of his abdominal complaints. Objective findings: +1 epigastric tenderness to palpation, no guarding, no rebound, no organomegaly, bowel sounds are positive. Diagnostic impression: gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory use (NSAID) use, abdominal pain, obesity, orthopedic diagnosis, psychiatric diagnosis. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 9/4/14 denied the request for upper GI series. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper gastrointestinal (GI) series: 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/pubmedhealth/PMH0004273> A.D.A.M. Medical Encyclopedia. Upper GI and small bowel series.

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://patients.gi.org/topics/gi-radiographic-tests/>

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, an upper gastrointestinal series is a barium study evaluating the esophagus, stomach, and first part of the small intestine. This test is ordered to search for causes of nausea, vomiting, abdominal pain, or weight loss, to name a few. It is performed much the same way as the barium esophagram, except additional time is required to take pictures as the barium travels further in the intestinal tract. A small bowel follow-through x-ray utilizes the same principles and requires abdominal x-ray films to be taken over many hours. This last test is often ordered to evaluate chronic diarrhea or abdominal pain, or to follow patients with Crohn's disease. However, in the present case, it is noted that the patient's gastrointestinal complaints are the result of his NSAID use. He has discontinued the use of the NSAID, ibuprofen, and added omeprazole to his medication regimen. This has improved his gastrointestinal symptoms. A specific rationale as to why the patient requires further diagnostic studies was not provided given that the patient's symptoms have been noted to be the result of his medication use. Therefore, the request for Upper GI Series is not medically necessary.