

Case Number:	CM14-0053030		
Date Assigned:	08/08/2014	Date of Injury:	06/12/2002
Decision Date:	11/20/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 42-year-old male with a date of injury of 06/12/2002. According to progress, report 03/18/2014, the patient presents with neck pain that is constant and dull with intermittent radicular symptoms to the upper extremities. Examination revealed tenderness over the paraspinal muscles and +2 muscle spasms noted. Range of motion is decreased secondary to pain. There is decreased sensation noted over the C5-C6 dermatomes. The patient's medication regimen includes Vicodin Extra Strength and Nexium 20 mg. The listed diagnoses per [REDACTED] are 1. Musculoligamentous strain of the cervical spine. 2. Herniated disk disease. 3. Impingement syndrome of the shoulders bilaterally. On 03/19/2014, [REDACTED] requested "upper GI series," as the patient is diagnosed with GERD. Utilization review denied the request on 04/01/2014. Treatment reports from 11/19/2013 through 03/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI Series: CBC, TSH, U/A, CMP, Lipid Panel, SGPT, VIT D 25 Hydroxy Level:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Guidelines; <https://www.mdguidelines.com/upper-gastrointestinal-series,Upper Gastrointestinal Series>. Centers for Medicare & Medicaid Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: This patient presents with GERD. The requesting physician, [REDACTED], provides no progress reports. Rx request from 03/19/2014 by [REDACTED] states that the patient has GERD, and he is requesting upper GI series including CBC, TSH, UA, CMP, lipid panel, SGPT, vitamin D 25 hydroxy levels. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. This is not indication of recent lab work. In this case, review of the medical file indicates that the patient has been utilizing Vicodin since at least 11/19/2013. The treater states the patient has GERD and would like laboratory testing including upper GI series for further investigation. Recommendation is for approval.