

Case Number:	CM14-0059445		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2012
Decision Date:	09/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine, 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 45-year-old male who has submitted a claim for abdominal pain, acid reflux rule out ulcer/anatomic alteration, constipation rule out irritable bowel syndrome, bright red blood per rectum, rule out hemorrhoids secondary to constipation, and sleep disorder rule out obstructive sleep apnea associated with an industrial injury date of September 4, 2012. Medical records from 2013-2014 were reviewed. The patient complained of bilateral shoulder, lower back and bilateral knee pain. He has occasional numbness and tingling sensation in his legs. The patient reports abdominal pain, acid reflux, nausea, vomiting, constipation and bright red blood per rectum. Current medications include Norco, Ambien, and medical cannabis. Physical examination showed 1+ tenderness over the right upper quadrant and epigastric region. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, home exercise program, activity modification, bilateral shoulder humeral head replacement/hemiarthroplasty, and lumbar spinal fusion. Utilization review, dated April 10, 2014, denied the requests for upper GI series and abdominal ultrasound. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI (gastrointestinal) series: Overturned

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 gastrointestinal distress characterized by nausea, vomiting and alternating diarrhea and constipation since November 2012. Progress report dated March 19, 2014 states that the patient reported abdominal pain, acid reflux, nausea, vomiting, constipation, and bright red blood per rectum. Physical examination showed 1+ tenderness over the right upper quadrant and epigastric region. Further investigation by imaging may be appropriate at this time. Therefore, the request for Upper GI (gastrointestinal) series is medically necessary.

Abdominal Ultrasound: 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: Aetna Clinical Policy Bulletin, Abdominal Ultrasound (<http://aetna-health.healthline.com/smartsources/healthwisecontent/medicaltest/hw1430>).

Decision rationale: CA MTUS and ODG do not specifically address the topic on abdominal ultrasound. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Guidelines state that abdominal ultrasound is used to find the cause of abdominal pain. It is used in evaluating aneurysm in the aorta; liver masses, cirrhosis, fatty liver or abnormal liver function tests; gallstones, cholecystitis, or blocked bile ducts; enlarged spleen; pancreatic tumor; kidney masses and kidney stones. In this case, the patient complained of gastrointestinal distress characterized by nausea, vomiting and alternating diarrhea and constipation since November 2012. Progress report dated March 19, 2014 state that the patient report abdominal pain, acid reflux, nausea, vomiting, constipation, and bright red blood per rectum. Physical examination showed 1+ tenderness over the right upper quadrant and epigastric region. However, the following findings are not indications for an abdominal ultrasound as stated by the guidelines above. The medical necessity of an abdominal ultrasound was not established at this time. Therefore, the request for an Abdominal ultrasound is not medically necessary.

