

<b>Case Number:</b>	CM14-0094984		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 63 year old male who was injured on 04/14/2011. Prior treatment history has included a left subacromial injection, physical therapy and medications. Internal medicine notes dated 04/10/2014 state the patient reported stomach upset and increasing blood pressure. He stated his GI symptoms began years ago with mild periumbilical discomfort. He reported most of his GI symptoms began when he was receiving treatment for his ortho industrial injuries and he began receiving treatment with Naprosyn and Anaprox. He reported discontinuing the Anaprox and felt improvement in his symptoms. He continues to use Tylenol #3 for his pain. He noted burning in the periumbilical area with episodic radiation to the back. He denied nausea and vomiting, hematemesis or melena. On exam, he has mild tenderness over the periumbilical area but no guarding, rebound, or rigidity noted. He has a diagnosis of new onset of stomach complaints. He has been recommended for an upper GI with a small bowel follow-through. Prior utilization review dated 05/23/2014 states the request for Upper GI with small bowel follow through is denied as there is no indication or evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI with small bowel follow through:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.hopkins>

medicine.org/healthlibrary/test\_procedures/gastroenterology/upper\_gastrointestinal\_series\_92,P07701/.

**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.nlm.nih.gov/medlineplus/ency/article/003816.htm>.

**Decision rationale:** The guidelines recommend small bowel follow through to evaluate the esophagus, stomach, and duodenum for diseases such as ulcer, stricture, cancer, etc... Small bowel follow through is generally not a first line test for outpatient gastrointestinal complaints. The documents state the patient has NSAID induced abdominal pain. It is unclear why mild NSAID induced abdominal pain requires further workup. The documents do not adequately discuss prior conservative therapies that have been tried and failed for the abdominal pain. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for an upper GI with small bowel through is not medically necessary.