MAXIMUS Federal Services

Case Number:	CM14-0211364		
Date Assigned:	12/24/2014	Date of Injury:	12/27/2013
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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:

This patient is a 25 y/o female who developed neck and upper extremity problem subsequent to an injury 12/27/13. A Family Practice Specialist evaluated her within her treating physicians' medical group who documented increased acid indigestion and stomach discomfort over the past few months. She has a history of gastric bypass surgery on 3/13/14 with a subsequent 120 lb weight loss. The only medication she is utilizing is Tylenol due to NSAIDs being contraindicated post bypass surgery. The physician thought the increased symptoms were due to the stress of the injury. The final AOE/COE status of this issue is not in the records reviewed. The physician recommended a change in her antacid 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.medicinenet.com/upper_gi_series/article.htm

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: www.uptodate.com/.../imaging-studies-after-bariatric-surgery.

Decision rationale: MTUS and ODG Guidelines do not address this issue. Other medical literature notes the frequent complications that accompany gastric bypass surgery and recommend radiographic studies as an initial step when gastrointestinal symptoms similar to this patient are present. IMR does not address the issues of causation. Based on the patients history and reported symptoms, the request for the upper GI Series is medically necessary.