

Case Number:	CM15-0143958		
Date Assigned:	08/04/2015	Date of Injury:	03/25/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 34 year old female who sustained an industrial injury on 3-25-11. Progress report dated 6-3-15 reports complaints of worsening head symptoms. He has constant occipital to frontal headaches rated 5-9 out of 10. The most severe lasting for hours and radiates to both eyeballs and ears, left more than the right. He has frequent moderate to severe dizziness and blurred vision, right eye more than the left. He reports grinding his teeth, tongue bite at night, nocturnal urinary incontinence and screaming. He has problems with memory, concentration and cognition. He has problems with self care and reports he is very limited with activity. It is noted that on 6-30-14 the treating internist diagnosed him with acid peptic disease, 60% industrial and that the injured worker is not yet permanent and stationary until H. pylori is treated. Diagnoses include: cerebral concussion with loss of consciousness with headaches, tinnitus and blurred vision, cervical sprain and strain, thoracic sprain, bilateral shoulder sprain with left shoulder frozen, left arm triceps laceration without ulnar nerve damage, bilateral wrist sprain, lumbar spine sprain and strain, bilateral knee sprain and gastritis due to medication. Plan of care includes: request for neurology consultation, prescribed Tramadol and prilosec, Work status: permanent and stationary. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper 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/pubmed/10839626>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/003816.htm>.

Decision rationale: Pursuant to Medline plus, an upper G.I. series is not medically necessary. An upper GI and small bowel series is a set of x-rays taken to examine the esophagus, stomach, and small intestine. In this case, the injured worker's working diagnosis is acid peptic disease. The date of injury is March 25th 2011. The request for authorization is dated June 29, 2015. According to a handwritten, illegible June 22, 2015 internal medicine progress note, the injured worker was last seen February 18, 2013. The injured worker has a history of H. pylori. The documentation is largely illegible. According to an agreed upon medical examination (AME) dated July 1, 2014, the injured worker had a prior endoscopy approximately 3 years ago. The results were not known. There is no clinical indication or rationale in the progress note dated June 22, 2015 for an upper G.I. series. Consequently, absent legible clinical documentation with a clinical indication and rationale for an upper G.I. series, an upper G.I. series is not medically necessary.