

Case Number:	CM15-0144413		
Date Assigned:	08/05/2015	Date of Injury:	02/08/2014
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old female, who sustained an industrial injury on 02-08-2014. The injured worker was noted to develop and continue to experience pain in the head, neck, upper back, bilateral shoulders, bilateral wrists-hands-digits and left ankle which were noted to be aggravated by her work duties of prolonged standing, walking, and repetitive movement. On provider visit dated 06-05-2015 the injured worker has reported that she has stopped taking her medication as her stomach cannot handle it and vomits when she take the medication. The injured worker was noted to be developing acid reflux type symptoms. The diagnoses have included acute gastritis. Treatment to date has included medication, laboratory studies and home exercise program. The provider requested one upper GI Series as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One upper GI Series as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.clinicalevidence.com, Digestive System Disorders Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastric Ulcer Imaging.<http://emedicine.medscape.com/article/368602-overview#showall>.

Decision rationale: According to Medscape, although gastric imaging may show features suggestive of stomach ulcer, GI endoscopy is the gold standard procedure for the diagnosis of gastric ulcer. In this case, the patient developed an abdominal pain that is most likely related to GI issue. It is more appropriate to request a GI evaluation to consider upper GI endoscopy and eventually a biopsy if needed. Therefore, the request for One upper GI Series as an outpatient is not medically necessary.