MAXIMUS Federal Services

Case Number:	CM15-0183281		
Date Assigned:	09/24/2015	Date of Injury:	07/03/2012
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on July 03, 2012. At primary follow up dated March 03, 2015 the worker had subjective complaint of: "lumbar pain with bilateral lower extremity radicular pain, numbness; right shoulder pain with popping and clicking; bilateral wrist pain with numbness and tightness; stress, anxiety, depression and sleep disturbance; gastric upset with medications." There is noted "improved function since last examination," "slower than expected," and "decrease pain intensity and or frequency." Objective findings stated "no change physical exam since last visit January 22, 2015." Noted contributing factors symptoms, or diagnosis listed: stress, anxiety, depression, sleep disturbance, and gastric intestinal upset with pain medications. The following noted prescribed this visit: Prilosec, Tramadol, and Naproxen. At a consulting visit dated March 20, 2015 the worker "had no abdominal pain, nausea, vomiting or diarrhea." An initial pain management consultation dated June 04, 2015 reported chief subjective complaint of "severe right shoulder pain that radiates up to neck and to the right arm with weakness, numbness, and tingling that radiates down to right hand." "Pain on the right shoulder and right elbow with crepitation on range of motion;" "limited cervical range of motion with frequent headaches and blurry vision:" "constant sharp, throbbing pain on right side of shoulder:" "difficulty sleeping." Follow up dated July 06, 2015 reported current subjective complaint of: "for approximately the last eight months, has been having acid reflux, indigestion and bloating." He reports "having occasional nausea but denies any vomiting." He reports "having only one bowel movement every three or four days." He reports "was given Omeprazole for approximately one year now; however, he still continues to have

gastrointestinal symptoms." The assessment noted the following: status post work related injury; orthopedic diagnosis, deferred; psychiatric diagnosis deferred; constipation secondary to medication, and gastroesophageal reflux disease, secondary to non-steroidal anti-inflammatory drug use. The plan of care is noted with recommendation and request for gastric laboratory work up; upper gastric abdominal series; follow reflux diet and avoid all non-steroidal agents; decrease tramadol usage. He was prescribed Nexium. The request noted with denial due to recommended guidelines indicate abdominal ultra sound recommended with consistent diagnoses of scar tissue, adhesions, collagen fiber and muscle spasms along with required documentation regarding symptoms, pain levels improvement. In addition, diagnostic testing is recommended with proven evidence of trial of treatment therapy showing no improvement of symptom however the test of choice is endoscopic washing and biopsy. On August 19, 2015 utilization review assessed the case.

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 The Merck Manuals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, upper GI series.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines states that upper GI series is indicate din the evaluation of GERD symptoms as well as dysphagia and peptic ulcer disease. The patient has reported abdominal pain but no sign, symptoms or lab work indicative of dysphagia or peptic ulcer disease. There is indication of GERD but no failure of conservative treatment measures. Therefore the request is not medically necessary.

Ultrasound of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) abdominal ultrasound.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that ultrasound of the abdomen is indicated in the evaluation of adhesive disease, collagen fiber disease and muscle spasm. The up-to date guidelines states that ultrasound is useful in the evaluation of abdominal pain especially suspected gallstones or pancreatic disease. The patient has reported abdominal pain but no sign, symptoms or lab work indicative of gallstones or pancreatic disease. Therefore the request is not medically necessary.