

<b>Case Number:</b>	CM15-0209290		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 29-year-old woman sustained an industrial injury on 7-13-2013. Diagnoses include medication-induced gastritis, work related insomnia, anxiety and depression, and right upper quadrant pain, rule out gallbladder disease. Treatment has included oral medications including Protonix. Physician notes dated 8-5-2015 show complaints of on and off stomach pain, loss of sleep, depression, and stress. The physical examination shows epigastric tenderness. Recommendations include continue current medication regimen, laboratory testing, upper gastrointestinal series, and follow up in three weeks. Utilization Review denied a request for upper gastrointestinal series on 10-9-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper gastrointestinal test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nih.gov/pubmed/15586159>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain: Gastrointestinal Effects.

**Decision rationale:** Upper gastrointestinal test is not medically necessary. The ODG does not recommend imaging except in unusual situations. Imaging techniques such as MRI, CT scan and ultrasound are unnecessary except in unusual situations. Upper GI series use x-rays and fluoroscopy to help diagnose problems of the upper GI tract. The medical record documentation notes medication induced gastritis, work related insomnia, anxiety and depression, and right upper quadrant pain, rule out gallbladder disease; however, there were no significant findings on physical exam and no further documentation provided indicating an upper gastrointestinal series. It would be more appropriate to wean the medication or find alternative medication; the requested service is not medically necessary due to lack of rationale for the medications.