

Case Number:	CM15-0215451		
Date Assigned:	11/06/2015	Date of Injury:	07/31/2012
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California

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 24 year old male, who sustained an industrial injury on 07-31-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post lumbar laminectomy syndrome, lumbar radiculopathy, low back pain, and chronic pain syndrome. Treatment and diagnostics to date has included lumbar spine MRI, lumbar spine surgery, and medications. Recent medications have included Oxycodone and Soma. Subjective data (09-04-2015 and 10-02-2015), included "intractable" low back pain with radiculopathy. Objective findings (10-02-2015) included positive straight leg raise test in the left lower extremity. The treating physician noted that the injured worker recently saw a Gastrointestinal Specialist "for his ongoing gastritis from his oral pain medication". The Utilization Review with a decision date of 10-16-2015 non-certified the request for x-ray upper gastrointestinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray upper gastrointestinal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.acr.org/media/5223A3FBC92E40378DF6E55F88E6134B.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Peptic Ulcer Disease Kalyanakrishnan Ramakrishnan, MD, FRCSE, and Robert C. Salinas, MD, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, Am Fam Physician. 2007 Oct 1;76(7):1005-1012.

Decision rationale: According to the literature, the workup for gastritic includes an EGD. In this case, the claimant had an abdominal ultrasound ordered to evaluate for gallstones. An x-ray is not indicated in the work up and is not medically necessary.