

Case Number:	CM15-0042867		
Date Assigned:	03/13/2015	Date of Injury:	09/15/2012
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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

Certification(s)/Specialty: Emergency 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 35 year old female, who sustained an industrial injury on 9/15/12. She reported pain in the neck, bilateral shoulders, mid and lower back and bilateral lower extremities related to cumulative trauma. She also sustained psychological trauma related to a robbery. The injured worker was diagnosed as having abdominal pain, acid reflux and constipation/diarrhea. Treatment to date has included psychiatric treatments and pain medications. As of the PR2 dated 1/7/15, the injured worker reports having acid reflux, abdominal pain, nausea and vomiting. She is taking over the counter Pepto-Bismol as needed for nausea. The treating physician recommended stopping all NSAIDs, an upper GI series, barium enema, abdominal ultrasound and a consultation with a GI specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI series with barium enema: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Warner C. and Warner C. Identifying and managing posttraumatic stress disorder. Am Fam Physician. 88 (12) 2013: 827-834, Harrison's Principals of Internal Medicine, 18th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principle of Internal Medicine, PTSD, Pages, 827-834.

Decision rationale: The requested Upper GI series with barium enema, is not medically necessary. CA MTUS and ODG are silent. Harrison's Principle of Internal Medicine, PTSD, Pages, 827-834 note various diagnostic criteria for PTSD evaluation. The injured worker has acid reflux, abdominal pain, nausea and vomiting. She is taking over the counter Pepto-Bismol as needed for nausea. The treating physician recommended stopping all NSAIDs, an upper GI series, barium enema, abdominal ultrasound and a consultation with a GI specialist. The treating physician has not documented trials of proton pump inhibitors nor the results of a GI consult. The criteria noted above not having been met, Upper GI series with barium enema is not medically necessary.