

Case Number:	CM15-0046506		
Date Assigned:	03/18/2015	Date of Injury:	08/19/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, 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 44 year old female who sustained an industrial injury on 08/19/2012. The injury is documented as injury of the left knee. Treatments to date include knee surgery and medications to include proton pump inhibitor. She presents on 05/20/2014 with complaints of increased burning and epigastric pain. Physical exam noted tenderness in the epigastrium. Diagnosis was gastritis/gastroesophageal reflux disease and irritable bowel syndrome. Treatment plan included gastrointestinal consult. Per the doctor's note dated 1/22/15 patient had complaints of burning epigastric pain and nausea not related to food. The patient has had bright rectal bleeding intermittently. Patient had no vomiting and had normal bowel movements. Physical examination of abdomen revealed tenderness on palpation in epigastrium, right upper and left lower quadrant, no rebound tenderness, no mass felt, normal bowel sounds and obese abdomen. The medication list includes omeprazole, Diclofen, Cyclobenzaprine, hydrocodone, paroxetine. The patient diagnoses include gastritis, GERD, IBS, mildly elevated BP, abnormal LFT and UTI. The patient's surgical history include left knee surgery in 9/2014. Patient has received 12 PT visits for this injury. The patient has used a cane and brace. The patient has had lab tests including CBC and CMP on 9/12/2014, which were within normal limits. The pt was advised to decrease the use of opioids and NSAIDS. Some of her GI symptoms improved with that. Some of her symptoms also improved when she used Metamucil and worsened when she did not use Metamucil. An abdominal ultrasound was also requested. She was also advised to increase omeprazole to 20 mg 2 tablets bid. She was diagnosed with a UTI and was treated with amoxicillin for that.

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
<http://guidelines.gov/syntheses/synthesis.aspx?id=38635&search=gerd>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.

Decision rationale: Request: Upper GI series. ACOEM/CA MTUS and ODG do not address upper GI series. Per the doctor's note dated 1/22/15 patient had complaints of burning epigastric pain and nausea not related to food. The patient has had bright rectal bleeding intermittently. Patient had no vomiting and had normal bowel movements. Physical examination of abdomen revealed tenderness on palpation in epigastrium, right upper and left lower quadrant, no rebound tenderness, no mass felt, normal bowel sounds and obese abdomen. The patient has had lab tests including CBC and CMP on 9/12/2014, which were within normal limits except mild elevation of liver function tests. The pt was advised to decrease the use of opioids and NSAIDS. Some of her GI symptoms improved with that. Some of her symptoms also improved when she used Metamucil and worsened when she did not use Metamucil. The response of the patients GI symptoms to discontinuation of NSAIDS and opioids and consistent treatment with antiemetics and metamucil, was not specified in the records provided. An abdominal ultrasound was also requested. Whether the abdominal ultrasound was completed or not and the findings of that were not specified in the records provided. She was also advised to increase omeprazole to 20 mg 2 tablets bid. The response to that was also not specified in the records provided. She was diagnosed with a UTI and was treated with amoxicillin for that. The response of the abdominal symptoms and tenderness observed in the left lower quadrant to a complete treatment of the UTI, guided by culture and sensitivity, was not specified in the records provided. The pt was referred to a GI specialist. The detailed evaluation notes of the gastroenterologist, if completed, along with recommendations, were not specified in the records provided. Due to the above reasons, the medical necessity of the request for Upper GI series is not fully established in this patient.