

Case Number:	CM15-0049364		
Date Assigned:	03/23/2015	Date of Injury:	01/06/2012
Decision Date:	05/19/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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: Florida

Certification(s)/Specialty: Internal Medicine, Gastroenterology

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 31-year-old male who reported an injury on 01/06/2012. The mechanism of injury was not provided. His diagnoses include nausea with vomiting. Past treatment included omeprazole and marijuana, though it was not indicated if this was for medicinal purposes. On 02/05/2015, it was indicated the injured worker had injured his back approximately 3 years ago and had been treated with narcotics and injections and developed nausea and vomiting 6 months after the injury. It was noted that the injured worker had lost "about 70 pounds in the last 2 and a half years." He denied abdominal pain and his bowel movements are "essentially unchanged." Upon physical examination, it was indicated the injured worker's abdomen was soft and nontender with no masses palpable. Medications included Butrans patch, gabapentin, methocarbamol, Neurontin, Nexium, Robaxin, , Relafen, and Cymbalta. The treatment plan included gastric emptying study in order to evaluate gastric motility, as well as an EGD to evaluate possibility of gastritis, ulcer, or other mucosal diseases, as well as labs to include CBC and chemistry 12. A request was received for Gastric Emptying to evaluate gastric motility. A Request for Authorization was signed 02/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Gastric Emptying: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.medicinenet.com/gastric_emptying_study/article.htm.

Decision rationale: According to MedicineNet, gastric emptying is used when there is suspicion of abnormally delayed emptying of the food from the stomach with evidence of abdominal discomfort after eating meals, nausea, and vomiting. The clinical documentation submitted for review did not indicate the injured worker had abdominal pain or abdominal pain after eating. Additionally, there was no documentation noting the efficacy of previous conservative treatments to alleviate the nausea and vomiting. It was also noted the injured worker experienced discomfort with the use of Relafen and was no longer taking omeprazole. Consequently, the request is not supported. As such, the request for Associated Surgical Services: Gastric Emptying is not medically necessary.