MAXIMUS Federal Services

Case Number:	CM13-0060631		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2008
Decision Date:	09/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 100 pages provided for review. The application for independent medical review was signed on December 3, 2013. The request was for an upper G.I. series.There was a May 24, 2013 primary treating physicians progress report and request for authorization. There continues to be pain in her neck as well as her shoulder. She has pain with activities of daily living. They were recommending injection and facet rhizotomy, but it was not approved multiple times by the insurance company. There was decreased range of motion of the cervical spine and there was left trapezial tenderness. There was tenderness along the medial border of the left scapula. The impingement sign was negative. The diagnoses were status post anterior cervical discectomy infusion with persistent pain, status post left shoulder arthroscopy, lumbosacral discogenic back pain, status post multiple hand surgeries and left hand with stiffness, carpal tunnel syndrome, stress which is deferred to the appropriate specialist and insomnia which is deferred to the appropriate specialist. She was previously rendered permanent and stationary. She will be seen as needed. There was a PR-2 that also gave a diagnosis of posttraumatic stress disorder. It was in regards to the Zoloft being increased to 150 mg.There was a November 20, 2013 internal medicine consultation. She continues to have difficulty in swallowing, acid reflux, indigestion and abdominal bloating and cramping. She denies any changes in her symptoms. She denies any other gastrointestinal signs or symptoms. She is status post assault. She is status post multiple stab wounds including the abdomen. She has gastroesophageal reflux disease secondary to nonsteroidal anti-inflammatory drug use or stress and dysphagia perhaps due to the cervical spine fusion. The doctor ordered a complete blood count to be sure that the hemoglobin and hematocrit is stable. They will do stool testing to see if G.I. is a source of bleeding. She was already referred for an upper G.I. series and ultrasound of the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPPER GASTROINTESTINAL ISSUES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.mdguidelines.com/upper-gastrointestinal-series.

Decision rationale: The MTUS and ODG are silent in regards to this test. The Medical Disability Advisor notes that an upper gastrointestinal series is a test that allows visualization of the esophagus, stomach, and the first part of the small intestine (duodenum). The procedure begins by having the individual swallow a thick barium mixture, also called a barium milkshake, after which x-rays are taken as the barium mixture passes through the digestive tract. The barium makes the lumen of the upper gastrointestinal tract visible under x-ray. The results of an upper gastrointestinal series can reveal conditions such as ulcers, tumors, hiatal hernias, scarring, blockages, and abnormalities of the muscular wall of the gastrointestinal system.A primary reason for performing an upper gastrointestinal series is peptic ulcer disease.Although there are symptoms of gastroesophageal reflux, there are no signs or symptoms of peptic ulcer disease, ulcers, tumors or other abnormalities. The outcomes of the conservative measures used to treat the reflux are not noted. There was not sufficient information to say that the Upper GI series was at this time in the patient's care essential, and it was appropriately non certified.