MAXIMUS Federal Services

Case Number:	CM14-0147684		
Date Assigned:	09/15/2014	Date of Injury:	09/02/2008
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal 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:

The injured worker is a 53 year old male with reported date of injury . He was seen by his physician on 7/15/2014 who requested upper GI series examination. The physician documented that the patient had GERD symptoms which had improved with pantoprazole 40 mg twice a day but that there were still instances of reflux symptoms two to three times a day. The physician was concerned about gastritis and gastroesophageal reflux for which he requested an upper GI series. On examination, there was mild tenderness to palpation in the epigastrium without rebound. Diagnoses were gastritis / GERD, constipation and orthopedic complaints.The physician did not document dysphagia, odynophagia, weight loss, bleeding from the GI tract or vomiting. The physician did not ask about hoarse voice, throat irritation, globus sensation, melena or hematochezia or hematemesis. There was no examination of the lymphatic system. No review of systems was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI Series for the management of symptoms related to Right Shoulder, Lumbar Spine, Cervical Spine, and Right Elbow Injury, as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence; BMJ Publising Group, LTD.; London, England; www.clinicalevidence.com: Section: Digestive System Disorders, Condition: Gastroesophageal Reflux Disease

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: Harrison's principles of internal medicine, 18th edition,

Decision rationale: The patient has symptoms of dyspepsia and epigastric tenderness on examination but no symptoms to suggest an ulcer or tumor such as bleeding, weight loss, dysphagia, hematochezia, melena, hematemesis or vomiting. The patient's weight and habitus has not been documented. Coffee consumption, tobacco use, use of tea and other substances that relax the lower esophageal sphincter were not reviewed. Conditions such as obesity, hiatal hernia, excessive coffee, nicotine and tea consumption can lead to symptoms of GERD. Ulcers are typically associated with the symptoms mentioned above. Upper GI series is not the optimal investigation in the contemporary era for evaluation of upper GI symptoms such as dyspepsia. After failure of conservative treatment for this condition, it would be appropriate to refer the patient to a gastroenterologist who may want to pursue an EGD and / or lower esophageal sphincter manometry / ph testing. That would be the appropriate approach. Upper GI series is less sensitive and specific than an EGD. Medical necessity has not been established.