

Case Number:	CM14-0211494		
Date Assigned:	12/24/2014	Date of Injury:	09/12/2007
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old woman with a date of injury of 9/12/07. She was seen by her internist on 8/22/14. Her current medications were codeine/Tylenol, Prilosec and famotidine. She reported a history of ulcers but then stated that she had acid reflux/heartburn. Heartburn did not interfere with her activities of daily living. She had been seen by a gastrointestinal doctor 'a couple weeks ago' and the doctor was waiting for authorization to do upper endoscopy. She had undergone upper endoscopy in the past and was diagnosed with a hiatal hernia. She also reported that she was diagnosed with hepatitis B in the 1990s. She denied abdominal pain or vomiting. Her abdominal exam was deferred due to the worker experiencing back pain. She had no scleral icterus. At issue in this review is the request for a GI consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visit

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: Uptodate: Medical management of gastroesophageal reflux disease in adults

Decision rationale: This injured worker had a history of heartburn / reflux, possible ulcers and possible hepatitis B. Her exam did not document any abdominal abnormalities and she did not have abdominal pain. There are no laboratory studies to assess the possible diagnosis of hepatitis B. She is taking omeprazole and famotidine and tolerating these well. Her symptoms appear stable with no interruption of her activities of daily living. She did not have any 'alarm' symptoms such as dysphagia, odynophagia, bleeding, anemia, recurrent vomiting or weight loss that would be indications for an upper endoscopy or referral. The records do not document a rationale or medical necessity for referral for gastrointestinal (GI) consultation in this injured worker. Therefore, the request is not medically necessary.