

Case Number:	CM15-0164755		
Date Assigned:	09/02/2015	Date of Injury:	11/02/2012
Decision Date:	11/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 57-year-old female with a date of industrial injury 11-2-2012. The medical records indicated the injured worker (IW) was treated for hypertension; diabetes mellitus; abdominal pain; acid reflux; and constipation-diarrhea. In the progress notes (4-27-15), the IW reported abdominal pain, acid reflux, nausea, vomiting, diarrhea, constipation and weight change. She stated she had gained 60 pounds since her injury. She reported snoring and reflux of stomach acids at night. She denied melena, blood from the rectum, peptic ulcer disease and hepatitis. She was taking Naproxen 500mg three times per week. On examination (4-27-15 notes), her abdomen was soft with positive bowel sounds. Treatments included dietary recommendations and medication instructions (to stop NSAIDs). The IW's work status was not addressed. A Request for Authorization 4-27-15 was received for an upper GI (gastrointestinal) series. The Utilization Review on 8-4-15 non-certified the request for an upper GI (gastrointestinal) series.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Upper GI series: Upheld

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

Condition: Constipation in Adults Clinical Evidence; BMJ Publishing 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
<http://clinicalevidence.bmj.com/x/systematic-review/0403/overview.html>.

Decision rationale: Pursuant to BMJ, one upper G.I. series is not medically necessary. Gastroesophageal reflux disease (GORD) is defined as reflux of gastroduodenal contents into the esophagus, causing symptoms sufficient to interfere with quality of life. [1] People with GORD often have symptoms of heartburn and acid regurgitation. GERD can be classified according to the results of upper gastrointestinal endoscopy. Currently, the most validated method is the Los Angeles classification, in which an endoscopy showing mucosal breaks in the distal esophagus indicate the presence of esophagitis, which is graded in severity from grade A (mucosal breaks of less than 5 mm in the esophagus) to grade D (circumferential breaks in the esophageal mucosa). Alternatively, severity may be graded according to the Savary-Miller classification (grade I: linear, non-confluent erosions, to grade IV: severe ulceration or stricture). In this case, the injured worker's working diagnoses are abdominal pain, hypertension, diabetes mellitus, acid reflux, and constipation/diarrhea. Date of injury is November 2, 2012. Request authorization is April 27, 2015. According to an April 27, 2015 progress note, subjective complaints include acid reflux, abdominal pain and diarrhea/constipation. Physical examination was unremarkable with a soft abdomen and positive bowel sounds. The treating provider is requesting an upper G.I. series for further evaluation of the upper gastrointestinal tract. Endoscopy is a more specific method showing mucosal breaks in the distal esophagus that indicates the presence of esophagitis, which is graded in severity from grade A (mucosal breaks of less than 5 mm in the esophagus) to grade D (circumferential breaks in the esophageal mucosa). Additionally, the request for the upper G.I. series came from a gastroenterologist who is well-suited to perform an upper G.I. endoscopy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines with guideline recommendations indicating endoscopy is preferable over an upper G.I. series, one upper G.I. series is not medically necessary.