

Case Number:	CM15-0169444		
Date Assigned:	09/10/2015	Date of Injury:	05/22/2014
Decision Date:	12/03/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker is a 44 year old female, who sustained an industrial injury on May 22, 2014. The injured worker was diagnosed as having depression, cervicogenic headaches with temporomandibular joint syndrome, episodic dizziness with right partial hearing loss and tinnitus with etiology undetermined, insomnia secondary to pain and emotional distress with associated daytime impairment, and comorbid orthopedic condition of the neck, back, and lower extremities with lumbar and possible peripheral neuropathy to be considered. Treatment and diagnostic studies to date has included chiropractic therapy, physical therapy, medication regimen, psychotherapy, and magnetic resonance imaging of the lumbar spine. In a progress note dated July 08, 2015 the treating neurologist reports complaints of pain to the neck and back that radiates to the leg, along with constant headaches with nausea, difficulty sleeping, dizziness, and depression. The review of systems performed on July 08, 2015 noted a decrease in appetite, a weight loss of 25 pounds, abdominal pain, nausea, vomiting, blood in vomit, constipation, and diarrhea. Examination performed on July 08, 2015 was revealing for tenderness and pain to the temporomandibular joint, tenderness to the forehead and the occipital regions, dizziness with change of head position, nuchal tenderness to the occipital region bilaterally, soft, non-tender abdomen with normal bowel sounds, tenderness to the lumbar spine, and partial hearing loss with tinnitus in the ears. The progress note from May 05, 2015 did not include any gastrointestinal related subjective or objective symptoms, but the progress note did note the request of Miralax for constipation and has taken the medication of Colace for "few months, which she reports now it causes abdominal pain". The treating physician requested upper gastrointestinal series for further evaluation of gastrointestinal (GI) complaints as an outpatient,

but the documentation provided did not indicate the specific reason for the requested study. On August 04, 2015 the Utilization Review determined the request for an upper gastrointestinal series for further evaluation of gastrointestinal (GI) complaints as an outpatient to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper gastrointestinal series for further evaluation of GI complaints, as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.clinicalevidence.com.

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 Clinical Evidence BMJ, upper G.I. series for further evaluation of G.I. complaints, as an outpatient, is not medically necessary. Gastro-esophageal reflux disease (GERD) is defined as reflux of gastroduodenal contents into the esophagus, causing symptoms sufficient to interfere with quality of life. People with GERD 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 depression; cervicogenic headaches with temporomandibular joint syndrome; episodic dizziness with right partial hearing loss; and tinnitus; insomnia and emotional distress and comorbid orthopedic condition of the neck, back and lower extremities. Date of injury is May 22, 2014. Request for authorization is July 29, 2015. There are no progress notes from the requesting provider for the upper G.I. series. According to the utilization review, a July 15, 2015 progress note was present in the medical records review. Subjectively, there were abdominal complaints with acid reflux and nausea with no vomiting. There is no past medical history of G.I. complaints. Current medications include omeprazole and Norco. Objectively, the abdomen was soft with one plus tenderness. Upper G.I. endoscopy provides more specific details when evaluating the upper G.I. tract. GERD can be classified according to the results of upper gastrointestinal endoscopy (supra). There is no contemporaneous clinical documentation by the requesting provider. As a result, there is no clinical indication or rationale for an upper G.I. series. Additionally, the guidelines recommend upper G.I. endoscopy for a more specific and thorough evaluation of the upper G.I. tract. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation (or any documentation by the requesting provider), and no clinical indication or rationale for an upper G.I. series with guideline non-recommendations for upper G.I. series, upper G.I. series for further evaluation of G.I. complaints, as an outpatient, is not medically necessary.

