MAXIMUS Federal Services

Case Number:	CM15-0073413		
Date Assigned:	04/23/2015	Date of Injury:	08/14/2008
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 55 year old male who sustained an industrial injury on August 14, 2008. He has reported injury to the neck, back, and head and has been diagnosed with posttraumatic headaches, secondary to closed head trauma, intermittent lumbar radiculopathy, C5-6 disc herniation, chronic intractable pain, facet arthropathy L3-S1, L3-S1 degenerative disc disease, intermittent cervical radiculopathy, recent constant left leg radiculopathy, and L5-S1 lytic spondylolisthesis. Treatment has included medications and a home exercise program. Currently the injured worker had neck pain radiating into the head. There was lower back pain radiating into the left posterior calf and toes of the left foot. There were also tremors in the hands bilaterally. The treatment request included an upper gastrointestinal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

One upper gastrointestinal (GI) study at department of medicine for investigative studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD), Ann Arbor (MI): University of Michigan Health System; 2012 May, 12p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits and Other Medical Treatment Guidelines Gastroesophageal reflux disease (GERD).University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

Decision rationale: MTUS is silent regarding Upper GI and specialist visits. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". In regards to the upper GI study, the National Guideline Clearing house states that, "Barium radiography has limited usefulness in the diagnosis of GERD and is not recommended". Diagnosis can be made on history alone. In regards to testing, "Testing, No gold standard exists for the diagnosis of GERD (A). Although pH probe is accepted as the standard with a sensitivity of 85% and specificity of 95%, false positives and false negatives still exist (II B). Endoscopy lacks sensitivity in determining pathologic reflux but can identify complications (e.g., strictures, erosive esophagitis, Barrett's esophagus) (I A). Barium radiography has limited usefulness in the diagnosis of GERD and is not recommended".In this case, the patient was requested to have an Upper GI study to evaluate for stomach problems due to his medications. The National Guidelines do not recommend barium studies for the evaluation of GERD. As such, the request for one upper gastrointestinal (GI) study at department of medicine for investigative studies is not medically necessary at this time.