

Case Number:	CM13-0019820		
Date Assigned:	10/11/2013	Date of Injury:	04/14/1993
Decision Date:	01/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine, and is licensed to practice in Washington, D.C. and Maryland. 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 physician 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.

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 patient is a 54-year-old with abdominal pain and the request was for upper endoscopy. Her date of injury was April 14, 1998. The patient's reported mechanism of injury was a slip and fall. The patient's evaluation over the course of the decade included cervical spine MRI, discogram and a CT scan of cervical spine in 2011. The patient's medical history included gastroesophageal reflux disease, reflux esophagitis, asthma, lumbar surgeries in 1990s, spinal stimulator placement, multiple battery change and spinal stimulator revision, facet blocks, failed back fusion in 2004, depression and arthroscopy of knee. The patient's medications included Prevacid, Bentyl and Zantac. The request for upper endoscopy was submitted by her Neurosurgeon. During her visit on May 28th, 2013 the patient was noted to have excellent pain control with the spinal cord stimulator that was functioning well. The patient's GI (gastrointestinal) complaints were unchanged with ongoing abdominal pain and heart burns. The patient was noted to be on pain medications without names of either NSAIDS or Opioids. The patient was also noted to have a high level of stress, severe insomnia, severe right knee pain and frequent radiculopathy pain. The patient's diagnoses included low back pain with revised spinal cord stimulator, gastritis due to NSAIDs (non-steroidal anti-inflammatory drugs) and H pylori. The patient was recommended to have ongoing Neurosurgical evaluation for spinal cord stimulator management and GI evaluation with upper endoscopy. Further records reviewed showed no prior mention of GERD or trial of proton pump inhibitors and an ultrasound of abdomen was unremarkable in January 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

An upper endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Health Website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the article Role of endoscopy in the management of GERD - Volume 66, No. 2 : 2007 GASTROINTESTINAL ENDOSCOPY 219

Decision rationale: The Physician Reviewer's decision rationale: According to the guidelines published in American Society of Gastroenterology, if the patient's history is typical for uncomplicated GERD (gastroesophageal reflux disease), an initial trial of empiric medical therapy is appropriate prior to endoscopy in most patients. The article also gives a list of indications for endoscopy in patients with GERD. GERD symptoms that are persistent or progressive despite appropriate medical therapy Dysphagia or odynophagia Involuntary weight loss O5%. In this particular scenario, there is no documentation of how long proton pump inhibitors had been used and the response to therapy. In addition, there was also no documentation to indicate red flags including evidence of GI bleeding or dysphagia which would necessitate endoscopy before a therapeutic trial with PPIs. The request for an upper endoscopy is not medically necessary or appropriate.