

Case Number:	CM13-0021959		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2010
Decision Date:	05/16/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female with date of injury of 10/16/2010. The listed diagnoses per [REDACTED] dated 04/17/2013 are: 1. Diabetes mellitus 2. Hypertension 3. Upper gastrointestinal Symptoms 4. Status post partial medial meniscectomy and chondroplasty of medial femoral condyle, 2012 According to progress report dated 04/17/2013 by [REDACTED], the patient presents with heartburn and nocturnal regurgitation of stomach acid. She has been treated with Ibuprofen 200mg once every three days. She has never undergone an upper gastrointestinal endoscopy. She reports slight epigastric pain without radiation to the back. Objective findings show there is a healed scar related to a prior cholecystectomy. There is moderate epigastric tenderness. No masses palpable. No organ enlargement. Bowel sounds decreased, but present. Treater is requesting a referral to a gastroenterologist for endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GASTROENTEROLOGIST REFERRAL FOR ENDOSCOPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/23208168
Upper endoscopy for gastroesophageal reflux disease

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with epigastric pain. The treater is requesting a gastroenterologist referral for endoscopy. Utilization review dated 08/13/2013 denied the request stating that "The patient was placed on Omeprazole in April 2013 and there is no documentation of the efficacy of this treatment. EGD testing is not recommended in the absence of red flag symptoms." Progress report dated 04/17/2013 by [REDACTED] notes that the patient has been prescribed several nonsteroidal anti-inflammatory drugs as treatment for her industrial orthopedic injuries and such drugs caused her upper gastrointestinal injury. The treater wants to determine the extent of the injury and would like to refer the patient to a network gastroenterologist. ACOEM Guidelines page 127 states the health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when pain or course of care may benefit from additional expertise. In this case, the treating physician is concerned about the extent of the patient's gastrointestinal injury as a result of NSAID use. The request for a referral to a gastroenterologist appears to be reasonable and recommendation is for authorization.