

Case Number:	CM13-0027238		
Date Assigned:	11/22/2013	Date of Injury:	12/03/2011
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

Claimant is a 34 years old nurse with stated date of injury of 12/3/2011. She claimed that as she was helping to lift a patient, she felt a pop in her back and experienced immediate pain in her back and into her left buttocks. The pain radiated down her leg, and she has had persistent pain in her lower back and down her left leg. She describes a numbness sensation in her leg and into her left foot. She had medications, physical therapy, an extensive evaluation with MRI scans and EMG/NCV study. The EMG study showed evidence of left L5 radiculopathy. On August 20, 2013, the claimant was evaluated by [REDACTED], during which she indicated that she had developed over the last year with increasing severity a burning sensation in the epigastric area. The pain does not seem to radiate into the chest or through to the back, is not associated with food, and she tends to avoid highly seasoned or acidic type of foods. She drinks caffeine minimally and she does not drink alcohol or smoke cigarette. She reported no weight change. She has tried a variety of over-the-counter antacids with minimal improvement. She also reported having moderate constipation, and has been using Miralax with moderate improvement. As a result of these newly reported gastro-intestinal symptoms, an Endoscopic study was requested, and same was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopy for Dyspepsia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/1851864-overview#a03>, Esophagogastroduodenoscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Guidelines on appropriate indications for upper gastrointestinal endoscopy. Working Party of the Joint Committee of the Royal College of Physicians of London, Royal College of Surgeons of England, Royal College of Anaesthetists, Association of Surgeons, the Brit

Decision rationale: CA-MTUS (Effective July 18 2009) is mute on this topic. However according to "Guidelines on appropriate indications for upper gastrointestinal endoscopy, working Party of the Joint Committee of the Royal College of Physicians of London, Royal College of Surgeons of England, Royal College of Anesthetists, Association of Surgeons, the British Society of Gastroenterology, and the Thoracic Society of Great Britain. Abstract published in the British Medical Journal, Upper gastrointestinal endoscopy is a valuable diagnostic tool, but for an endoscopy service to be effective it is essential that it is not overloaded with inappropriately referred patients. A joint working party in Britain has considered the available literature on indications for endoscopy, assessed standard practice through a questionnaire, and audited randomly selected cases using an independent panel of experts and an American database system. They used these data to produce guidelines on the appropriate and inappropriate indications for referral for endoscopy; although they emphasize that under certain circumstances there may be reasons to deviate from the advice given. The need for endoscopy is most difficult to judge in patients with dyspepsia, and this aspect is discussed in detail. Early endoscopy will often prove more cost effective than delaying until the indications are clearer. The study cited resource constrains as to why endoscopy is deferred at a later stage., however up to 70% of all patients with persistent dyspeptic symptoms have either a barium meal examination or endoscopy at some stage, and it may be clinically and financially more appropriate to investigate earlier rather than later. Therefore the request for endoscopy for dyspepsia is medically necessary.