

Case Number:	CM13-0028001		
Date Assigned:	11/22/2013	Date of Injury:	09/25/2010
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Gastroenterology and is licensed to practice in Connecticut and Pennsylvania. 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. 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 55 year old male under consideration for an EGD for epigastric abdominal pain. He describes the pain as burning in quality with associated chest pain. An evaluation for coronary disease was negative. The patient is on prescription narcotics and ibuprofen. He has used other NSAID's in the past. As an aside the patient has cauda equine syndrome secondary to a work related injury. He has incomplete bowel evacuation related to this. He also has fecal incontinence. It was recommended that he undergo an upper endoscopy however this denied because conservative management (hold NSAID's and start PPI was not tried first).

IMR ISSUES, DECISIONS AND RATIONALES

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

esophagogastroduodenoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Gastroenterology www.asge.org/WorkArea/linkit.aspx?Linkidentifier=id&ItemID

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Position Paper American Society of Gastrointestinal Endoscopy (GASTROINTESTINAL ENDOSCOPY 2007 Volume 66, No. 6: 1071-75.)

Decision rationale: Patients over the age of 50 with new onset dyspepsia should undergo an upper endoscopy. This is shown in Table 2 of the article cited above. The rationale is to rule out underlying malignancy. The request for an esophagogastroduodenoscopy is medically necessary and appropriate.