

Case Number:	CM13-0032592		
Date Assigned:	12/11/2013	Date of Injury:	03/03/2008
Decision Date:	06/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 56-year-old male who reported an injury on 03/03/2008. This is a retrospective review for a procedure dated 06/22/2012. However, there were no physician progress reports submitted on the requesting date. The only physician progress report submitted for this review is documented on 07/26/2013. The current diagnoses include dyslipidemia, hypothyroidism, gastroesophageal reflux disease (GERD), and hypertension. The patient denied abdominal pain, bloody stool, diarrhea, dysphagia, nausea, vomiting, and heartburn. Physical examination revealed normal findings. The treatment recommendations at that time included continuation of current medication. An operative report was submitted on 06/22/2012 which indicated that the patient underwent esophagogastroduodenoscopy with polypectomy and colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Esophagogastroduodenoscopy (EGD) with polypectomy, DOS 6/22/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association (AGA) Institute. (2008). American Gastroenterological Association medical position statement on the management of gastroesophageal reflux disease. *Gastroenterology*, 135(4), 1383-91; American Society for Gastrointestinal Endoscopy (ASGE). (2007). Role of endoscopy in the

management of GERD. *Gastrointestinal Endoscopy*, 66(2), 219-24; University of Michigan Health System (UMHS). (2007). Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System, Jan 10 p. (9 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health, Esophagogastroduodenoscopy (EGD).

Decision rationale: An Esophagogastroduodenoscopy (EGD) may be completed for symptoms such as black or tarry stools, vomiting, regurgitation, feeling full, heartburn, low blood count, pain or discomfort in the upper abdomen, swallowing problems, weight loss, or nausea and vomiting. An EGD is also utilized for evaluation of cirrhosis of the liver and Crohn's disease. As per the documentation submitted for review, there were no physician progress reports submitted prior to the procedure on 06/22/2012. Therefore, there is no documentation of any signs or symptoms suggestive of an abnormality that would warrant the need for an esophagogastroduodenoscopy with polypectomy. Therefore, the current request is non-certified.

Retrospective request for colonoscopy, DOS 06/22/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Levom B. et al. (2008). Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps. A Joint guidelines from the American Cancer Society, the US Multi-Society Task force on Colorectal Cancer, and the American College of Radiology, *A Cancer Journal for Clinicians*, 58, 130-160.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health, Colonoscopy.

Decision rationale: A colonoscopy is indicated to evaluate early signs of cancer, to evaluate causes of unexplained changes and bowel habits and to evaluate symptoms such as abdominal pain, rectal bleeding and weight loss. In this case, there were no physician progress reports submitted prior to the procedure on 06/22/2012. Therefore, there is no evidence of any signs or symptoms suggestive of an abnormality that would warrant the need for a colonoscopy. As the medical necessity has not been established, the current request is also not medically necessary. As such, the request is non-certified.