

<b>Case Number:</b>	CM13-0032917		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/10/2000
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine 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. 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:

This is a 57-year-old male who sustained right knee injury on 11/10/200 he was working on a car. Subsequently, he had 3 surgeries to his right knee. He also has past surgical history that is significant for lower back surgeries, right shoulder surgery, and right elbow surgeries. A note dated 08/06/2013 by [REDACTED] indicates that he presented with complaints of abdominal pain and reflux since taking pain mediation for his industrial injury. He had a history of hiatal hernia and alcohol consumption 20 years ago but denies current alcohol consumption. He denied having had endoscopy but had CT of his abdomen past several months and went to the ER for abdominal pain. He denies hematemesis, hematochezia, or melana. He reported anorgasmia, erectile dysfunction and ejaculatory dysfunction. He was tried on Viagra and not seen a urologist. He denies heart disease or disorder. On GI exam, there was tenderness to palpation over epigastrium, positive bowel sounds x4, and no masses palpable. Treatment plan was prescribed Omeprazole 20 mg and Viagra 50 mg, fasting: CBC, CMP, CRP, ESR, H. pylori stool Ag, under EGD endoscopy to evaluate his abdominal pain and reflux given his history of hiatal herniat and use of pain medication for industrial injury, urologist consultation to evaluate his sexual dysfunction, and followup in 6 weeks to monitor response to therapy. The current review is for one upper EGD endoscopy, one H. pylori stool AG, one lab for RSR, one lab for CRP, and one lab for CBC and CMP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper EGD endoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE). Dyspepsia: managing dyspepsia in adults in primary care. NICE 2004 Aug;CG17. PDF.

**Decision rationale:** An EGD is indicated if the patient develops alarm signs or symptoms such as weight loss, dysphagia, gastrointestinal bleeding, none of which were documented. The patient had typical GERD symptoms and warrants a trial of treatment prior to endoscopy.

**H. pylori stool test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology (ACG) guideline on management of Helicobacter pylori infection in Am J Gastroenterol 2007 Aug;102(8):1808.

**Decision rationale:** Current evidence based guidelines do not recommend routine screening for H.Pylori. Given the patient's symptoms are more consistent with GERD a workup and treatment plan should be done for this issue prior to further evaluation.

**Erythrocyte sedimentation rate test (ESR):**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://web.a.ebscohost.com/dynamed/detail?sid=cb6ca997-8ae6-46a3-a0fb-ecc6dc8d0e30%40sessionmgr4001&vid=9&expand=Related-Summaries&hid=4114&bdata=JnNpdGU9ZHluYW11ZC1saXZlJnNjb3BIPXNpdGU%3d#db=dme&AN=116446&anchor=Related-Summaries>.

**Decision rationale:** ESR is not medically indicated at this time. Guidelines recommend using ESR to screen for certain inflammatory disorders. There was no documentation to suggest specific inflammatory disorders which the physician is concerned for.

**C-reactive protein (CRP) test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[http://web.a.ebscohost.com/dynamed/detail?sid=cb6ca997-8ae6-46a3-a0fb-](http://web.a.ebscohost.com/dynamed/detail?sid=cb6ca997-8ae6-46a3-a0fb-ecc6dc8d0e30%40sessionmgr4001&vid=9&expand=Related-Summaries&hid=4114&bdata=JnNpdGU9ZHluYW11ZC1saXZlJnNjb3BIPXNpdGU%3d#db=dme&AN=116446&anchor=Related-Summaries)

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[Summaries&hid=4114&bdata=JnNpdGU9ZHluYW11ZC1saXZlJnNjb3BIPXNpdGU%3d#db=dme&AN=116446&anchor=Related-Summaries.](http://web.a.ebscohost.com/dynamed/detail?sid=cb6ca997-8ae6-46a3-a0fb-ecc6dc8d0e30%40sessionmgr4001&vid=9&expand=Related-Summaries&hid=4114&bdata=JnNpdGU9ZHluYW11ZC1saXZlJnNjb3BIPXNpdGU%3d#db=dme&AN=116446&anchor=Related-Summaries)

**Decision rationale:** CRP is not medically indicated at this time. Guidelines recommend using CRP to screen for certain inflammatory disorders. There was no documentation to suggest specific inflammatory disorders which the physician is concerned for.

**CBC/CMP testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** CBC may be medically indicated. Given the patient has abdominal pain and dyspepsia it is possible he may have underlying peptic ulcer disease. The available guidelines did not discuss CBC testing, but it is reasonable to screen for anemia in the setting of the above gastrointestinal complaints. However, the concurrent request for CMP is not medically indicated. The patient has no signs or symptoms to suggest she has underlying electrolyte or renal dysfunction. The available guidelines did not discuss CMP testing, however, the patient does not have an indication for routine screening at this time. These tests are not medically necessary.