

Case Number:	CM13-0036428		
Date Assigned:	12/13/2013	Date of Injury:	02/14/2013
Decision Date:	03/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pulmonary Diseases 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:

The patient is a 54-year-old male who reported an injury on 02/14/2013. The patient is diagnosed with GERD, colon polyps, Barrett esophagus, multiple gastric polyps, and hypertension. The patient was seen by [REDACTED] on 03/19/2013. Physical examination was negative for nausea, vomiting, abdominal pain, and abdominal distension. There was no tenderness, rebound, guarding, or masses noted. Treatment recommendations included continuation of current medication and a repeat endoscopy in 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for gastrointestinal endoscopy and colonoscopy on 3/15/13 and 3/16/13: 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 U.S. National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health.

Decision rationale: A colonoscopy is indicated to evaluate early signs of cancer, to evaluate causes of unexplained changes in bowel habits, and to evaluate symptoms such as abdominal

pain, rectal bleeding, and weight loss. Esophagogastroduodenoscopy (EGD) may be done 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. EGD is also utilized for evaluation of cirrhosis of the liver and Crohn's disease. As per the clinical notes submitted, the patient underwent an EGD on 02/15/2013. The patient had a history of acid reflux disease, and was admitted at that time for complaints of severe chest pain. It was noted that the patient had previously undergone an endoscopy 3 to 4 years earlier as well as a colonoscopy with small polyp removal 1 to 1.5 years earlier. Documentation of significant gastrointestinal complaints or disorder that would warrant the need for repeat testing was not provided. A colonoscopy was not necessary to evaluate noncardiac chest pain without any lower gastrointestinal complaints. Retrospective review for gastrointestinal endoscopy and colonoscopy on 3/15/13 and 3/16/13 is not medically necessary and appropriate.