

Case Number:	CM13-0043001		
Date Assigned:	04/04/2014	Date of Injury:	04/06/2009
Decision Date:	05/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 expert 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 hospital employee and has submitted a claim for lumbar radiculopathy status post decompression associated with an industrial injury date of 04/06/2009. The medical records from 2011 to 2014 were reviewed showing that patient complained of chronic back pain radiating to both legs, associated with numbness graded 9/10 in severity. The patient was unable to bend, stoop, or lift due to pain. The medications did not provide relief of symptoms. The patient appeared depressed. The patient denied incontinence. However, patient complained of constipation alternating with diarrhea, severe stomach pain, and reflux; relieved upon intake of Prilosec. The physical examination showed diffuse tenderness at the thoracolumbar spine. The range of motion of the lumbar spine was restricted to 10-15 degrees of flexion with pain. The patient can ambulate using a cane in her right hand. There was hypesthesia to anesthesia at the lateral aspect of the left thigh and left calf to light touch and pinprick. The right leg had diffuse and patchy areas of hypesthesia to anesthesia, with absent reflexes bilaterally. The treatment to date has included microlumbar decompressive surgery on the right at L5-S1 on 05/30/2013, physical therapy, acupuncture, and medications including hydrocodone, Nexium, Seroquel, Wellbutrin, Celexa, and Prilosec. The utilization review from 10/16/2013 was performed, however, the requested procedure as well as reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESOPHAGOGASTRODUODENOSCOPY (EGD) UNDER CONSCIOUS SEDATION, POSSIBLE BIOPSY, HEMOSTATIS AND POSSIBLE DILATION-RISKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICAL DISABILITY ADVISOR BY [REDACTED] AND QUALITY INDICATORS FOR ESOPHAGOGASTRODUODENOSCOPY. GASTROINTEST ENDOSC 2006 APRI; 63 (4 SUPPL): S10-5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, CLINICAL POLICY BULLETIN, UPPER GASTROINTESTINAL ENDOSCOPY, UPTODATE (EGD).

Decision rationale: The Aetna Clinical Policy Bulletin indicates that diagnostic esophagogastroduodenoscopy(EGD) is medically necessary for the evaluation of upper abdominal and esophageal reflux symptoms that persist despite an appropriate trial of therapy. In this case, the patient has persistent stomach pain and reflux symptoms despite the intake of Prilosec. According to a progress report written on 02/21/2014, the patient was already seen by an internist; however, the official document from the specialist was not made available. The indication for the requested procedure is not found in the medical records submitted for review. In addition, there is no physical examination of the gastrointestinal system that will support the patient's subjective complaints. Uptodate also "recommend upper endoscopy if the results are likely to influence management of the patient, if empiric treatment for a suspected benign disorder has been unsuccessful, if the procedure can be used as an alternative to radiographic evaluation, or if a therapeutic maneuver may be needed. In addition, upper endoscopy is indicated if the results would affect the management of other diseases (eg, a patient with a history of upper GI bleeding who requires anticoagulation or treatment with a nonsteroidal antiinflammatory drug)." Medical documents provided do not indicate that the above criteria is met. Therefore, the request for an EGD under conscious sedation, possible biopsy, hemostasis, and possible dilation-risks is not medically necessary.