

<b>Case Number:</b>	CM13-0047430		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	02/02/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 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:

According to the records made available for review, this is a 42-year-old female with a 2/2/07 date of injury, and status post laparoscopic cholecystectomy. At the time (10/3/13) of request for authorization for endoscopic retrograde Cholangiopancreatography/Endoscopic Ultrasound, there is documentation of subjective (recurrent abdominal pain, acute pancreatitis, bloating symptoms, bowel movement frequency change, chronic diarrhea, dyspepsia, nausea with vomiting and weight loss, and history of pancreatitis) and objective (abdominal tenderness at mesogastrium and right upper quadrant) findings, current diagnoses (abdominal pain in the central upper belly (epigastric), acute pancreatitis), and treatment to date (medications and activity modification). 4/18/13 medical report identifies recurrent mesogastrium pain with radiation to back, no clear source of EGD, idiopathic pancreatitis with history of cholelithiasis and cholecystectomy in 2011, negative magnetic resonance cholangiopancreatography, and no jaundice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopic retrograde Cholangiopancreatography/Endoscopic Ultrasound:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASGE guideline

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation <http://www.asge.org>

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guidelines supports ERCP for the evaluation/management of recurrent acute pancreatitis. Within the medical information available for review, there is documentation of diagnoses of abdominal pain in the central upper belly (epigastric), acute pancreatitis. In addition, there is documentation of recurrent acute pancreatitis, no clear source of EGD, history of cholelithiasis and cholecystectomy in 2011, and negative magnetic resonance cholangiopancreatography. Therefore, based on guidelines and a review of the evidence, the request for endoscopic retrograde Cholangiopancreatography/Endoscopic Ultrasound is medically necessary.