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| Case Number: | CM13-0060797 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/12/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 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 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:

This is a 51-year-old male with a 12/12/2011 date of injury, due to a MVA. 11/19/13 determination was non-certified given no dates and results of prior gastrointestinal endoscopy and colonoscopy that were performed in the past. 11/19/13 comprehensive preoperative consultation identified no history of ulcer disease, diarrhea, change in bowel habits, melena, hepatitis or hemorrhoids. 11/18/13 supplemental agreed medical evaluation revealed that the medical records did not reveal any objective data to substantiate an industrial nexus, notably aggravation of preexisting condition. Based on the analysis of the issues, the patient's preexisting upper gastrointestinal abnormalities were neither caused nor aggravated as a result of the vehicular accident. 10/30/13 medical report revealed continued symptoms of gastritis and constipation. Reported 5/7/13 AME recommendations included to obtain the results of upper gastrointestinal endoscopy in order to determine whether the patient's pre-existing gastritis was reasonably aggravated as result of medications; and also to obtain the results of the prior colonoscopy. 5/7/13 AME report indicated that an upper gastrointestinal endoscopy was performed in 2003 and revealed chronic gastritis and was treated with Nexium, which has been continued to the present time. Recommendations were for an updated upper gastrointestinal endoscopy in order to determine whether the applicant's preexisting gastritis was reasonably aggravated because of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPPER GASTROINTESTINAL ENDOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interqual. Book View. CP: Procedures Adult - Endoscopy, Upper

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Appropriate use of GI endoscopy GASTROINTESTINAL ENDOSCOPY Volume 75, No. 6 : 2012 GENERAL INDICATIONS STATEMENTS The indications and relative contraindications for doing each of the endoscopic procedures are listed in the following. These guidelines are based on a critical review of available information and broad clinical consensus. Clinical considerations may justify a course of action at var

Decision rationale: The patient apparently has continued GI complaints. The patient had an upper endoscopy that revealed chronic gastritis. The AME recommended an updated upper endoscopy to delineate if the patient's preexisting condition was aggravated by the industrial injury. However, at the time of the supplemental AME the results stated that the patient's preexisting upper gastrointestinal abnormalities were neither caused nor aggravated as a result of the vehicular accident. This conclusion apparently was rendered without the need of additional upper endoscopy, as there is no indication that this was performed or needed. In this context, the medical necessity of an upper endoscopy is not clear. There was no additional rationale for performing it or indication that the results will change the patient's treatment plan. Therefore, the request for upper gastrointestinal endoscopy is not medically necessary and appropriate.