

Case Number:	CM13-0067513		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2011
Decision Date:	04/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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:

The patient is a 27 year old female who was injured at work on 03/06/2011. Per the records provided, she carries a diagnosis of obesity and gastritis. Prior treatment history has included omeprazole, Excedrin, trazodone, sertraline, acetaminophen, ibuprofen, butalbital/caffeine and APAP. In a gastroenterology evaluation dated 11/06/2013, Ms. [REDACTED] had been complaining of multiple GI symptoms, including pain over the epigastric area associated with nausea, and liquid and solid dysphagia. Pain was characterized as moderate intensity, 8/10. Symptoms were worsened by acidic and spicy foods, in addition to coffee. Objective findings on exam included the abdomen to be quite obese but tender of a moderate degree in the epigastric area. There was no hepatosplenomegaly; bowel sounds were present with no masses; no ascites and no percussion tenderness. In a subsequent clinic note dated 12/03/2013, the patient was documented to have the following findings on abdominal exam: moderate tenderness mostly in the upper part of the abdomen but the abdomen is obese. There was no hepatosplenomegaly; bowel sounds were present. The patient was recommended to stop using NSAIDS, to change her dietary habits, to use omeprazole, zantac and gaviscon. She was also referred to gastroenterology. An esophagogastroduodenoscopy with biopsy was performed on 12/03/2013, which demonstrated moderately severe gastritis, which the gastroenterologist attributed to NSAIDS most likely. Random biopsy was taken for CLO test, which was negative for H. pylori.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for upper gastrointestinal endoscopy with biopsy: 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 Other Medical Treatment Guideline or Medical Evidence: The American Society for Gastrointestinal Endoscopy: Volume 75, No. 6: 2012 Gastrointestinal Endoscopy, pp 1127-1128; www.giejournal.org; <http://www.asge.org/>.

Decision rationale: According to the referenced medical literature, indications for performing an upper gastrointestinal endoscopy include to evaluate a patient when esophageal reflux symptoms persist or recur despite appropriate therapy. The medical records do not establish that this patient had failed to respond to reasonable and appropriate non-invasive measures. Such would include trials with medications for the treatment of reflux/gastritis symptoms, with detailed documentation of the patient's response to these interventions, utilization of a food diary by the patient to catalog known triggers to her symptoms, as well as cessation of NSAIDs and acid-inducing foods. It is also noted that the patient had begun to utilize a low-calorie diet to address her obesity and gastric related symptoms, and continued assessment of her response to this should also be noted. The guidelines state that invasive measures are not typically warranted without demonstration of failure of non-invasive and/or conservative measures having been exhausted. In the absence of clinically significant red flags findings, the medical necessity of an upper gastrointestinal endoscopy with biopsy has not been established. Therefore, the medical necessity of upper gastrointestinal endoscopy has not been established.