Case Number:	CM13-0071783		
Date Assigned:	03/21/2014	**Date of Injury:**	04/23/2007
Decision Date:	07/28/2014	**UR Denial Date:**	12/03/2013
Priority:	Standard	**Application Received:**	12/30/2013

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 Orthopedic Surgery and is licensed to practice in Orthopedic Surgery. 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 60-year-old male with an industrial injury date of 4/23/2007. He is noted to have Von Hippel-Landau disease. A 7/18/2013 cervical MRI revealed the impression: 1. Prior posterior decompression at the level of T2-T3 associated with overlying postoperative changes of the soft tissues. This is associated with marked atrophy and tethering of the upper portion of the thoracic cord. 2. Longitudinal focus of fluid signal intensity within the dorsal portion of the cord from the level of C4-T2, which has the appearance compatible with a syrinx versus cystic myelomalacia. The patient has a history of previous trauma 20 years ago, which likely accounts for the findings. 3. Advanced discogenic disease from C4-C7 associated severe neural foraminal stenosis. 4. Severe neural foraminal stenosis on the left at C4-C5, and bilaterally at C5-C6 and C6-C7. 5. Multilevel degenerative facet arthropathy. A 7/27/2013 MRI of the thoracic spine revealed the following impression of enhancing masses with any of the thoracic spinal cord extending from one keep our with associated spinal cord syrinx, in patient with clinical history of Von Hippel Landau disease lesions most likely represents hemangioblastomas. A MRI study of the abdomen and pelvis was performed on 7/29/2013. The study revealed the following impression: 1. Increase in size of pancreatic cystic neoplasm in tail of similar appearance to pancreatic cystic lesion in the head and Anthony processes as well as body. These lesions have the appearance of cystadenomas, especially given history of Von Hippel-Landau disease. 2. Tiny enhancing lesions within the lumbar spinous L1 and L2, are again seen similar to 07/19/2012, further examination with MRI may be of more benefit. MRI study of the brain was performed on 7/27/2013, which provided the impression: Slight interval increase in size of multiple enhancing cerebellar massive compatible with hemangioblastomas. No new lesions identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPPER ENDOSCOPIC ULTRASOUND AND ANESTHESIA: 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 Presley Reed, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policy bulletin: endoscopic ultrasonography (EUS)http://www.aetna.com/cpb/medical/data/400_499/0446.html.

Decision rationale: According to the medical references, Endoscopic ultrasonography (EUS) incorporates high-frequency ultrasound into the tip of the endoscope to visualize the gastrointestinal wall and surrounding structures. Using endoscopy, ultrasound probes can be placed in close proximity to the target anatomy, thereby enhancing resolution of the gastrointestinal wall and adjacent structures. Tissue samples can be obtained and therapy can be performed by passing instruments under ultrasonographic guidance. Endoscopic ultrasonography is used for staging tumors of the gastrointestinal tract, pancreas and bile ducts; the most notable application is in staging esophageal, gastric, and rectal tumors. Endoscopic ultrasonography cannot reliably distinguish an inflammatory process from a neoplastic process. In addition, EUS has proved less accurate in staging lymph node than in staging depth of tumor invasion because the node has to be located and then identified as benign or malignant. Endoscopic ultrasonography has been proven a reliable and accurate diagnostic tool for staging tumors of the gastrointestinal tract, pancreas and bile ducts; evaluating abnormalities of the gastrointestinal tract wall or adjacent structures; tissue sampling of lesions within, or adjacent to, the wall of the gastrointestinal tract; evaluation of abnormalities of the pancreas, including masses, pseudocysts and chronic pancreatitis; evaluation of abnormalities of the biliary tree; and providing endoscopic therapy under ultrasonographic guidance. In this case, the medical records do not provide a current or recent medical report documenting the patient's present complaints and clinical examination findings. In addition, the medical records do not specify why this procedure is being requested, for evaluation of what part of the body, and how the results of the study would be anticipated to impact the patient's course of care. The request is not medically necessary.