

Case Number:	CM14-0002109		
Date Assigned:	01/24/2014	Date of Injury:	08/29/2003
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 56-year-old female who reported an injury on 08/29/2003, due to chemical exposure. The clinical note dated 12/16/2013 presented the injured worker for a followup for related esophagitis and asthma. The injured worker also noted shortness of breath, wheezing in the morning, and gastroesophageal reflux disease. The injured worker's physical exam revealed an obese female in no distress with clear lungs. The injured worker's diagnoses were esophageal reflux and chronic airway obstruction. The request for authorization form was dated 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESOPHAGOGASTRODUODENOSCOPY: 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: MedlinePlus, Online database www.medlineplus.com

Decision rationale: The request for an EGD is non-certified. Medline Plus states that an esophagogastroduodenoscopy may be done when injured workers have symptoms that are new,

cannot be explained, or are not responding to treatment. Symptoms include black or tarry stools, regurgitation, feeling full sooner than normal or after eating less than usual, feeling that food is stuck behind the breastbone, heartburn, anemia, pain or discomfort in the upper abdomen, swallowing problems or pain with swallowing, weight loss that cannot be explained, and nausea or vomiting. The included medical documents lack evidence of current subjective or objective evaluation of the esophagus. The injured worker's symptoms are not congruent with the symptoms needed for an EGD to be performed. Additionally, the prior courses of treatment were unclear within the provided documentation. As such, the request is non-certified.