

<b>Case Number:</b>	CM14-0008382		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 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:

The patient is a 40-year-old who was injured on November 12, 2008. The mechanism of injury is unknown. Progress report dated January 3, 2013, the patient was complaining of ongoing neck and back pain. Objective findings on exam revealed tenderness in the paracervical and trapezial musculature with limited range of motion. Hoffman's reflex was negative. He has normal sensation in the upper extremities. The left shoulder produced pain with range of motion. The lumbar spine has paraspinal and paralumbar muscle tenderness and spasm. There is limited range of motion secondary to pain. All tendon reflexes are normal. He has normal sensation as well as motor function. There was a positive straight leg raise on the right. The treatment and plan includes a request for authorization for an upper endoscopy by a gastroenterologist specialist which has been recommended according to AME report dated January 15, 2013. Diagnoses are cervical sprain/strain, lumbar sprain/strain, shoulder rotator cuff tear, hypertension, lumbosacral radiculopathy, lumbar pain, and sleep disorder. Prior utilization review dated January 10, 2014 states the request for gastroenterologist consult to perform recommended upper endoscopy is non-certified as there are no documented GI (gastrointestinal) symptoms and there are no objective findings to support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GASTROENTEROLOGIST CONSULT TO PERFORM RECOMMENDED UPPER ENDOSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 503.

**Decision rationale:** The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines recommend consultation with a specialist if a complaint persists or if the referring physician feels a specialist is required for the diagnosis or management of a condition. The medical records state the referring physician would like an EGD (esophagogastroduodenoscopy) and GI (gastrointestinal) consult. However, there is insufficient documentation that discusses GI signs/symptoms. There did not appear to be any red flag symptoms to urgently warrant a GI consult. The clinical documents provided discuss musculoskeletal illnesses however there is no discussion of how these symptoms relate to a possible GI disease. The request for gastroenterologist consult to perform recommended upper endoscopy is not medically necessary or appropriate.