

Case Number:	CM14-0009586		
Date Assigned:	04/25/2014	Date of Injury:	08/27/2010
Decision Date:	05/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Occupational 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 an employee of [REDACTED] and has submitted a claim for gastroesophageal reflux disease, lumbago, cervicgia, myofascial pain syndrome / fibromyalgia associated with an industrial injury date of 08/27/2010. Treatment to date has included cervical and lumbar epidural steroid injections, chiropractic care, and medications such as Alka-Seltzer, omeprazole, and Norco. Medical records from 2013 to 2014 were reviewed showing that patient complained of epigastric pain, acid reflux, and nausea. Intake of medication provided relief of symptoms. He had been smoking cigarettes but recently quit, and reported drinking of 6 Corona bottles daily. Patient likewise complained of neck pain radiating to right arm, and low back pain radiating to bilateral legs and feet graded 8/10 in severity. Abdominal examination showed normal bowel sounds without presence of tenderness. Objective findings showed multiple trigger points at cervical spine with tenderness at facet joints, occiput, paracervical muscles, and paralumbar muscles. Range of motion of lumbar spine resulted to pain upon flexion and extension. Patient appeared depressed and sad. Urine drug screen on 10/25/2013 revealed presence of ethyl glucuronide and ethyl sulfate consistent with ethanol use. Utilization review from 12/23/2013 denied the request for upper endoscopy / biopsy because there was no documentation of any previous conservative treatment prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPPER ENDOSCOPY/BIOPSY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, GERD, Endoscopy, and PPI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin, Upper Gastrointestinal Endoscopy.

Decision rationale: CA MTUS and ODG do not specifically address this issue. According to Aetna Clinical Policy Bulletin, diagnostic esophagogastroduodenoscopy / EGD is medically necessary for evaluation of upper abdominal and esophageal reflux symptoms that persist despite an appropriate trial of therapy. In this case, patient complained of epigastric pain, acid reflux, and nausea during his consult with a gastroenterologist on 11/20/2013. However, progress reports written from January to April 2014 documented absence of nausea or vomiting and abdominal examination was likewise unremarkable. Utilization review cited an internal medicine QME report dated 05/29/2013 stating that patient used Alka-Seltzer and omeprazole. However, the official QME report is not included in the medical records submitted. It is unclear how long the patient has been experiencing gastrointestinal symptoms, as well as the duration of intake of omeprazole. This information is significant to determine if the patient has failed a trial of therapy which then necessitates the requested diagnostic procedure. Therefore, the request for upper endoscopy / biopsy is not medically necessary.