

Case Number:	CM14-0103843		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2003
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 injured worker is a 65 year old female with a reported date of injury on August 20, 2003 due to an undisclosed mechanism of injury. The provided clinical records do not include the reports from the Internal Medicine Consultant who has presumably requested the EGD. Only clinical documents from the orthopedic surgeon are included and do not contain any information pertaining to gastro-intestinal (GI) complaints. In the utilization review records provided, it is mentioned that the injured worker has abdominal pain and nausea despite therapy with a proton pump inhibitor and histamine receptor blocker. No mention is made of weight loss or dysphagia. The current request is for an esophagogastroduodenoscopy (EGD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Song LM, Topazian M. Gastrointestinal Endoscopy. In: Longo DL, Fauci AS, Kasper DL, Hauser SL; Jameson JL, Loscalzo J. editors. Harrison's Principles of Internal Medicine. 18th ed. New York, NY: McGraw-Hill Medical; 2012:2409-26Shaheen NJ, et al. Upper Endoscopy for Gastroesophageal Reflux Disease: Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians. Annals of Internal Medicine 2012; 157 (11):808-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

https://www.acponline.org/mobile/clinicalguidelines/bestpractice/upper_endoscopy_gerd_0112.html accessed 8/21/2014.

Decision rationale: Based on the very limited data provided in the documents available for review, the esophagogastroduodenoscopy (EGD) procedure does not appear to be medically appropriate. EGD is typically indicated if patients have symptoms of gastroesophageal reflux and alarm symptoms such as anemia, weight loss, dysphagia, bleeding and recurrent vomiting. It is also indicated if a patient has typical symptoms of GERD including heart burn and reflux but fails to respond to 4-8 weeks of treatment with twice daily dosing of a proton pump inhibitor. Other indications that do not appear to be pertinent to the injured worker are listed in the cited reference. The injured does not have any of the aforementioned features in the records provided, EGD is not indicated as medically necessary.