

<b>Case Number:</b>	CM14-0107953		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 was a 52 year old woman with reported date of industrial injury of 07/01/2010. She had primarily suffered shoulder injury with reflex sympathetic dystrophy and required several pain medications including NSAID. There was reported abdominal discomfort, dysphagia although this was not further described, bloating, eructations, gas discomfort, constipation, heart burn and mild epigastric tenderness on examination. She had suffered from these complaints at least since 2010 intermittently. Attempts at modification of her medical regimen had failed to improve her abdominal complaints. There was also reported weight loss although no examination and substantiation of the same was offered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Esophagogastroduodenoscopy (EGD):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institutes of Health (NIH)

**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: Harrison's Principles of Internal Medicine, 18th Ed.

**Decision rationale:** The patient's symptoms suggest dyspepsia and this could be ulcer related or non-ulcer. There is subjective report of nausea, weight loss and dysphagia although these are not clearly elucidated and evaluated in the record. The symptom complex she is reporting could also be consistent with irritable bowel syndrome. Nonetheless, this latter condition is a diagnosis of exclusion and organic disease, particularly ulcer and tumor, needs to be ruled out. Therefore, the EGD is recommended.

**Colonoscopy QTY:1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institutes of Health (NIH)

**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: American College of Gastroenterology, Guideline on Screening for Colorectal cancer.

**Decision rationale:** All individuals over the age of 50 should receive either a colonoscopy or comparable screening technique to evaluate for the presence of colorectal cancer. The patient is 52 years old and appears not to have had a screening procedure yet. Further, due to abdominal complaints, it may be indicated in her independently to perform a colonoscopy although the absolute risk of finding pathology to explain primarily dyspeptic symptoms by a colonoscopy is quite low. Nonetheless, for screening purposes and in view of the patient's ongoing complaints, a colonoscopy is medically reasonable. The request for colonoscopy is therefore recommended.