

Case Number:	CM14-0111555		
Date Assigned:	07/17/2014	Date of Injury:	09/12/2001
Decision Date:	07/28/2014	UR Denial Date:	06/20/2014
Priority:	Expedited	Application Received:	07/17/2014

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; has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 42-year-old gentleman with a date of injury of September 12, 2001. A qualified medical evaluation (QME) report by [REDACTED] dated October 17, 2012 identified the mechanism of injury as moving a box that was heavier than expected by sliding it along the floor, causing intense lower back pain upon standing from the crouched position. Office visit notes by [REDACTED] dated February 10, 2014 and May 05, 2014 and the above QME Report described the worker was experiencing lower back pain, insomnia, and erectile dysfunction. These issues were helped with medications. An office visit note by [REDACTED] dated May 06, 2014 described the worker was experiencing abdominal pain, nausea, and diarrhea. No additional details were recorded. Examinations documented in the QME Report and by [REDACTED]' note, dated February 10, 2014 recorded tenderness along the sides of the lower spine and decreased movement in the lower back joints. Examination of the abdomen was reported to be normal by [REDACTED] on February 10, 2014 and May 05, 2014; [REDACTED] note did not document examination of the abdomen, rectum, or stool. The submitted documentation did not include reports of recent imaging or studies. These records concluded the worker was suffering from lower back pain, post-laminectomy syndrome, radiculopathy in the legs (possibly now resolved), and, on May 06, 2014, generalized abdominal pain, nausea, and diarrhea. Current treatment included a home exercise program and oral and topical medications. [REDACTED] recommended an upper endoscopy with biopsy and a colonoscopy with biopsy to evaluate the new symptoms. No further discussion as to the likely cause(s) of the symptoms or the reason(s) for the recommendation was documented. A Utilization Review decision by [REDACTED] was rendered on June 20, 2014 recommending non-certification for an upper gastrointestinal endoscopy with biopsy.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT UPPER GASTROINTESTINAL ENDOSCOPY WITH BIOPSY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information - www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greenwald DA, et al. Overview of Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy). Topic 13928, version 11.0. UpToDate, accessed 07/25/2014.

Decision rationale: The California MTUS Guidelines are silent as to the issue of upper gastrointestinal endoscopy with biopsy. The American Society of Gastrointestinal Endoscopy (ASGE) Guidelines and evidence-based literature suggest endoscopy should be considered when symptoms such as abdominal pain or nausea continue despite an adequate trial of treatment, symptoms that suggest serious disease is present, bleeding is suspected from the upper part of the gastrointestinal system, or prior imaging shows concerning findings. [REDACTED] visit note dated May 06, 2014 described the worker was experiencing abdominal pain, diarrhea, and nausea. No additional details were provided. However, [REDACTED]' visit notes dated February 10, 2014 and May 05, 2014 reported the worker denied having these symptoms at those times. No additional concerning symptoms were indicated. The documented examinations were recorded to be normal, although [REDACTED] note did not indicate an examination of the abdomen, rectum, or stool was performed. The submitted and reviewed documentation did not suggest recent imaging studies showed concerning findings requiring an upper endoscopy. There was no discussion suggesting the worker's new symptoms were related to the industrial injury either directly or indirectly. In the absence of such evidence, the current request for an urgent upper gastrointestinal endoscopy is not medically necessary.