

Case Number:	CM14-0121794		
Date Assigned:	08/06/2014	Date of Injury:	07/11/2012
Decision Date:	11/28/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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:

Progress report dated 06-27-2014 documented diagnoses of work related fall from ladder, facial trauma with nasal laceration and fracture, post traumatic headaches, cervical spine sprain strain with radicular complaints, right distal radius ulna fracture, left distal radius fracture, lumbar spine sprain strain with radicular complaints, rule out inflammatory sacroiliitis. Treatment plan included Norco 5/325mg, Omeprazole, and Celebrex. Due to the irritation and inflammation, the patient was advised to try Celebrex. Primary treating physician's progress report (PR-2) dated 07-07-2014 documented subjective complaints of abdominal pain at mid epigastrium with nausea, without vomiting. No weight loss noted. Objective findings included blood pressure 130/83, weight 171, heart regular, lungs clear, extremities no edema. Abdomen had tender mid-epigastric. Diagnoses were psychiatric diathesis; rule out gastrointestinal bleed, GERD secondary to anti-inflammatory medications. Treatment plan included stop NSAIDS. EGD was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American Society for Gastrointestinal Endoscopy (ASGE), Role of endoscopy in the management of GERD. Bibliographic Source; Standards of Practice Committee, Lichtenstein DR, Cash BD, Davila R, Baron TH, Adler DG, Anderson MA, Dominitz JA, Gan SI, Harrison ME 3rd, Ikenberry SO, Qureshi WA, Rajan E, Shen B, Zuckerman MJ, Fanelli RD, Van Guilder T. Role of endoscopy in the management of GERD. *Gastrointest Endosc.* 2007 Aug; 66(2):219-24, <http://www.guideline.g>

Decision rationale: Medical treatment utilization schedule (MTUS) does not address endoscopy (EGD). The American Society for Gastrointestinal Endoscopy (ASGE) standards of practice guideline states that gastroesophageal reflux disease (GERD) can be diagnosed on the basis of typical symptoms without the need for diagnostic testing, including endoscopy. In patients with uncomplicated GERD, an initial trial of empiric medical therapy is appropriate. Endoscopy is recommended for patients who have symptoms suggesting complicated GERD or alarm symptoms. Progress report dated 06-27-2014 documented prescriptions for Omeprazole and Celebrex. Progress report dated 07-07-2014 documented nausea and epigastric abdominal tenderness. No vomiting or weight loss was noted. No blood in the stool was documented. No laboratory tests were documented. Physical examination did not demonstrate acute abdomen. Vital signs were normal. Besides subjective complaints of nausea and epigastric abdominal tenderness, the progress report did not support the medical necessity of EGD endoscopy. Therefore, the request for Endoscopy is not medically necessary.