

<b>Case Number:</b>	CM14-0174885		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/30/2002
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 General Surgery, has a subspecialty in Surgery of the hand and is licensed to practice in Texas. 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 a 50-year-old female with a 06/30/02 date of injury. A 10/02/14 progress report states complaints of neck pain with radiation to bilateral upper extremities with numbness and tingling. Patient continues to see [REDACTED] for gastrointestinal complaints. A 09/23/14 progress report by [REDACTED] states subjectively, Dexilant is the only medication that helps. No bleeding. Patient hadn't had endoscopy in 3 years. The rest of the handwriting is illegible. Objectively, blood pressure 128/79, weight 165 pounds, heart NSR, lungs clear. The rest of the handwriting is illegible. Diagnoses: Esophagitis plus history of fatty liver, orthopedic condition, status post shoulder surgery plus hoarseness secondary to chronic reflux. Treatment plan states medication renewal, request authorization for endoscopy to assess esophagitis from 3 years ago, Dexilant. Patient also is indicated to have a hiatal hernia, as stated in the medical records. The request is for endoscopy to assess esophagitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 Endoscopy: Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux Disease (GERD) Ann Arbor (MI): University of Michigan Health System 2012 May 12 p. Table. Alarm/Warning Signs Suggesting Complicated GERD Dysphagia

Odynophagia Gastrointestinal (GI) Bleeding, Iron Deficiency Anemia, Weight Loss, Early Satiety, Vomiting

**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 Society for Gastrointestinal Endoscopy, Role of endoscopy in the management of GERD, Volume 66, No. 2: 2007, <http://www.asge.org/assets/0/71542/71544/39A574DC-1EA9-4175-BE3D-8E21E5EA764F.pdf>

**Decision rationale:** The patient has been diagnosed with GERD based on esophagogastroduodenoscopy examination sometime in the past. The records do not indicate when this was done. The prior reviewer stated that in 11/2009 the patient was evaluated by [REDACTED] and medication-related reflux was diagnosed along with elevated liver function tests. The prior reviewer stated that there is no progression of symptoms to establish the necessity for the requested endoscopic procedure. However, the American Society for gastrointestinal endoscopy states that endoscopy should also be considered in the evaluation and management of patients with suspected extra-esophageal manifestations of GERD who present with symptoms such as choking, coughing, and hoarseness. Since the patient is stated to have developed hoarseness from GERD, and there has not been an instrumental evaluation of the patient's upper GI tract for the past 3 years, it is medically reasonable to administer the endoscopic examination of the upper GI tract. The hoarseness already presents as an extra-esophageal manifestation of GERD. Therefore, the request is medically necessary.