

<b>Case Number:</b>	CM14-0031317		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/07/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine & Rehabilitation, 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 41-year-old female who reported an injury on 06/07/2006. The mechanism of injury was not provided for review. The injured worker's treatment history included cervical fusion at C5-6 and C6-7, left shoulder rotator cuff repair, and consideration for bariatric surgery. The injured worker was evaluated on 09/30/2013. It was documented the injured worker had difficulty swallowing since cervical spine surgery in 07/2011. The injured worker's most recent orthopedic evaluation dated 11/04/2013 documented that the injured worker had continued complaints of cervical cramping and difficulty swallowing. It was also noted the injured worker would undergo a weight loss program and gastric bypass surgery. A request was made for a laryngoscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EDG (ESOPHAGOGASTRODUODENOSCOPY):** 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 ACR Appropriateness Criteria-interventional radiology topics, Radiologic Management of Upper Gastrointestinal Bleeding, November 13, 2013.

**Decision rationale:** The requested esophagogastroduodenoscopy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this request. American College of Radiology indicates that this diagnostic study is appropriate for patients with upper gastrointestinal bleeding. The clinical documentation submitted for review does not specifically identify that the injured worker is at risk for upper gastrointestinal bleeding or that the injured worker has symptoms of persistent hemorrhaging. Therefore, the need for this diagnostic study is not clearly identified. As such, the requested esophagogastroduodenoscopy study is not medically necessary or appropriate.