

Case Number:	CM14-0033223		
Date Assigned:	06/20/2014	Date of Injury:	01/12/2001
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology 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 injured worker is a 68-year-old female who has presented with right upper quadrant pain. The clinical note dated 01/08/13 indicates the injured worker's fasting glucose was measured as 103. The note does indicate the injured worker exercising to tolerance. Upon exam, slight tenderness was identified at the right upper quadrant. No enlargement or masses were identified. Vital signs were identified as being normal. The clinical note dated 04/10/13 indicates the injured worker complaining of intermittent right upper and right lower quadrant pain. There is an indication the injured worker is concerned about a fatty liver. The injured worker currently weighed 166 lbs. at that time. The clinical note dated 07/17/13 indicates the injured worker complaining of a crampy lower abdominal pain with bloating. The note indicates the injured worker following a high fiber diet with the continued use of Metamucil supplementation. The dyspepsia has been controlled with the use of medications to include Carafate, Baclofen, Prilosec, Zantac, and Gaviscon. The utilization review dated 02/28/14 resulted in a denial for an esophagogastroduodenoscopy and a colonoscopy as no information had been submitted regarding the injured worker's ongoing symptoms or objective findings confirming the injured worker's diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophagogastroduodenoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy) Authors: David A Greenwald, MD, FASGE, FACG, Jonathan Cohen, MD April 30, 2013 Up To Date Overview of Colonoscopy In Adults Authors: Linda Lee, MD, John R Saltzman, MD, FACP, FACG, FASGE, AGAF January 29, 2014 Up To Date Approach To the Adult With Dyspepsia Authors: George F Longstreth, MD, Brian E Lacy, MD, PHD August 28, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lapalus MG, Ben Soussan E, Gaudric M, et al. Esophageal capsule endoscopy vs. EGD for the evaluation of portal hypertension: A French prospective multicenter comparative study. *Am J Gastroenterol.* 2009;104(5):1112-1118, and Zhang L, Huang YH, Yao W, et al. Transnasal esophagogastroduodenoscopy for placement of nasoenteric feeding tubes in patients with severe upper gastrointestinal diseases. *J Dig Dis.* 2012;13(6):310-315.

Decision rationale: An esophagogastroduodenoscopy (EGD) is indicated for injured workers who have demonstrated significant findings consistent with upper abdominal symptoms that have been persistent despite an appropriate trial of therapy. There is an indication that the injured worker has been utilizing medications, which have controlled the injured worker's symptoms. There was also an indication the injured worker has a reduction in pain with the ongoing use of medications. Given the apparent control of the injured worker's ongoing symptoms, it is unclear if the injured worker would benefit from an EGD at this time. As such, the request is not medically necessary and appropriate.

Colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy) Authors: David A Greenwald, MD, FASGE, FACG, Jonathan Cohen, MD April 30, 2013 Up To Date Overview of Colonoscopy In Adults Authors: Linda Lee, MD, John R Saltzman, MD, FACP, FACG, FASGE, AGAF January 29, 2014 Up To Date Approach To the Adult With Dyspepsia Authors: George F Longstreth, MD, Brian E Lacy, MD, PHD August 28, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brenner H, Chang-Claude J, Seiler CM, Rickert A, Hoffmeister M (January 2011). Protection from colorectal cancer after colonoscopy: a population-based, case-control study (PDF). *Ann. Int. Med* 154 (1): 22-30. doi:10.1059/0003-4819-154-1-201101040-00004. PMID 21200035, and the American Gastroenterological Association, "Five Things Physicians and Patients Should Question", Choosing Wisely: an initiative of the ABIM Foundation (American Gastroenterological Association).

Decision rationale: A colonoscopy is indicated for injured workers who have demonstrated significant findings in the lower abdominal region. No information was submitted regarding the blood in the stool, chronic diarrhea, or constipation. No lab studies were submitted confirming

the injured worker's ongoing anemia. There is an indication the injured worker has increases and decreases in her weight. It does appear the injured worker's weight loss has stabilized. Given these findings, this request is not indicated as medically necessary.