

Case Number:	CM14-0038628		
Date Assigned:	06/27/2014	Date of Injury:	05/03/1995
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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:

The employee was a 49 year old male who sustained an industrial injury on 05/03/1995. The mechanism of injury was straining of back while lifting heavy linen and being stuck by contaminated needles in the lab coat. The most recent progress note was from 02/11/14. History of presenting illness included hepatitis C and cirrhosis. His symptoms included fatigue and otherwise reported that he was stable. His active problems included chronic viral hepatitis C, cirrhosis, esophageal varices, hypertension, lower back pain and overweight. His current medications included Nadolol, Norvasc and Prevacid. On examination he was noted to be in no acute distress. He had no respiratory distress, no crackles or rhonchi on pulmonary examination. He had regular heart rate and rhythm with normal abdominal examination without ascites, hepatosplenomegaly or tenderness. He was not noted to have encephalopathy or asterixis. The assessment included chronic viral hepatitis C, cirrhosis, esophageal varices, hypertension and overweight. The plan of care included Amlodipine, Lactulose oral solution three times daily, Nadolol 20mg daily and follow-up visit in 3 months. Given the history of cirrhosis, Child Pugh class A and history of varices, plans were made for him to have an EGD and also ultrasound abdomen to screen for hepatocellular carcinoma. His prior evaluation included an ultrasound of the abdomen in July 2013 that showed portal vein thrombosis, splenomegaly, gallstone versus sludge and liver cirrhosis. He had had an upper endoscopy in October 2011 that showed grade B esophageal varices and portal hypertensive gastropathy. He reportedly had liver biopsies in 2007, results of which are not available. His prior complications included hypersplenism, esophageal varices without bleeding and thrombocytopenia. He had not responded to hepatitis C therapy with Pegylated Interferon and Ribavirin. His last hemoglobin and hematocrit were normal in 2012. varices,

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient (OP) Endoscopy with possible biopsy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed>.

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 College of Gastroenterology, Prevention and management of gastroesophageal varices and variceal hemorrhage in cirrhosis.

Decision rationale: According to the guidelines from American College of Gastroenterology, patients with cirrhosis and medium to large varices who are on non selective beta blockers, it should be adjusted to the maximal tolerated dose; follow-up surveillance EGD is unnecessary. Patients who have had endoscopic variceal ligation should have surveillance EGDs every 6-12 months indefinitely. The employee had a history of hepatitis C and cirrhosis. His prior EGD showed esophageal varices and portal gastropathy. There is no documentation of endoscopic variceal ligation and he is on Nadolol for beta blockade. Per guidelines, he doesn't need surveillance EGD. Hence the request for endoscopy with possible biopsy is not medically necessary or appropriate.