

Case Number:	CM14-0039429		
Date Assigned:	06/27/2014	Date of Injury:	10/14/2004
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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 Rehabilitation & Medicine has a subspecialty in Interventional Spine 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 patient is a 42-year-old male with a date of injury of 10/14/2004. According to progress report 02/25/2014, the patient presents with low back pain. It was noted the patient has psychological and medical factors along with anxiety disorder and chronic pain. The handwritten report is grossly illegible. The physician requested a GI endoscopy and a vascular study. Report 01/09/2014 discusses patient's chronic low back pain and radicular symptoms. List of medication includes OxyContin, Oxycodone, Zanaflex, Xanax, Vistaril, and Celexa. There is no discussion of any GI issues or abdominal pain. Progress report 10/10/2013 indicates the patient has low back pain that radiates down to the right lower extremity. It was noted patient's GI upset was managed with Prilosec. This request is for upper GI endoscopy and a vascular study. Utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI endoscopy diagnosis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-

MTUS Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin: Upper Gastrointestinal Endoscopy, Number: 0738.

Decision rationale: This patient presents with GI issues which is managed with Prilosec. The physician is requesting a GI endoscopy. Utilization review denied the request stating medical necessity of this request is not established. The ACOEM, MTUS and ODG do not discuss GI endoscopy. Aetna considers esophagogastroduodenoscopy (EGD)/upper endoscopy medically necessary for high-risk screening in any of the following: chronic GERD, pernicious anemia or cirrhosis. Aetna considers diagnostic EGD medically necessary in any of the following: evaluation of upper abdominal symptoms, dysphagia, esophageal reflux etc. It does not appear the patient has had an upper GI endoscopy in the past. In this case, the patient has a diagnosis of gastritis and complains of GI issues. Therefore, an upper GI endoscopy for further investigation is medically necessary and appropriate.

Vascular study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Imaging.

Decision rationale: This patient presents with GI issues which is managed with Prilosec. The request is for a vascular study but the progress report appears to reference an ultrasound of the abdomen to presumably address the patient's GI symptoms. The MTUS and ACOEM Guidelines do not discuss vascular studies. ODG guidelines reference U/S in reference to abdominal hernia. In this request, the physician does not explain what he is concerned about and what he is looking for. The patient is being evaluated with an endoscope for the GI complaints which should be adequate. Therefore, the request for vascular study is not medically necessary and appropriate.