

<b>Case Number:</b>	CM14-0052997		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/12/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 48 year old female with a date of injury on 7/12/2009. Diagnoses include status post lumbar discectomy/laminectomy, insomnia, and gastropathy. Patient had back surgeries in 2010 and 2012. Subjective complaints are of increasing reflux and burning sensations. Patient has had a history of gastropathy, and constipation since the back surgeries. There was no reported weight loss or bleeding. Physical exam shows a soft and nontender abdomen. Medications for abdominal complaints are Dexilant, and Linzess. The requested plan was for a repeat endoscopy due to the patient's dysphagia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper Endoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The role of endoscopy in the evaluation and management of dysphagia American Society for Gastrointestinal Endoscopy (ASGE)<http://www.asge.org/assets/0/71542/71544/3c0fc1c6-37ac-4906-9301-74f813979375.pdf>The Role of Endoscopy in the Evaluation of Dysphagia.

**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: The Role of Endoscopy in the evaluation and management of dysphagia. American Society for Gastrointestinal Endoscopy [www.asge.org](http://www.asge.org).

**Decision rationale:** Referenced guidelines recommend that endoscopy is indicated in patients with dysphagia to determine the underlying etiology. For this patient, there is a longstanding history of gastrointestinal complaints, including constipation and persistent reflux. Office records indicate that a repeat esophagogastroduodenoscopy (EGD) is requested. Submitted documentation does not identify details regarding the prior endoscopy, including when the test occurred and the study results. Therefore, the medical necessity for another upper endoscopy is not established at this time.