

Case Number:	CM14-0088345		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2011
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 injured worker is a 56-year-old man with severe gastroesophageal reflux disease (GERD) and gastroparesis related to a work-related injury dated 6/21/11. The patient has had Nissen fundoplication for his symptoms of GERD and is chronically managed with Reglan and a proton pump inhibitor (Nexium) with 50% reduction in symptoms. The patient's medical condition is managed by a gastroenterologist who evaluated him on 5/14/14. At that time, the worker complained of esophageal dysphagia and continued GERD. He had an esophagogastroduodenoscopy (EGD) in 2/14 with Botox injection of the pylorus. This procedure is noted not to have provided significant relief. The plan of care is to have a repeat EGD with Botox injection, Bravo pH probe placement and esophageal manometry to evaluate the dysphagia. Under consideration is the repeat EGD with Botox injection. During utilization review dated 5/23/14 the EGD alone, esophageal manometry and wireless 48hr intraesophageal Bravo pH study were approved. Repeat Botox was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophagogastroduodenoscopy EGD with Botox: 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 Uptodate.com OnabotulinumtoxinA (botulinum toxin type A, Botox) drug information. Approach to refractory gastroesophageal reflux disease in adults.

Decision rationale: The patient is a 56-year-old man with severe gastroesophageal reflux disease (GERD) that persists despite surgical intervention and previous esophagogastroduodenoscopy (EGD) with Botox injection of the pylorus. The use of Botox injections is for bladder dysfunction, blepharospasm, cervical dystonia, chronic migraine, spasticity, strabismus and cosmetic uses. The treatment of GERD that is refractory according to Uptodate.com includes an assessment of compliance and reinforcement of lifestyle modification, optimizing therapy with a proton pump inhibitor (PPI), bedtime H2 receptor antagonist, the use of baclofen to reduce the rate of transient lower esophageal sphincter relaxation, treatment of delayed gastric emptying, surgical treatments. The use of botulinum injection is not included in the recommendation and the resource notes multiple endoscopic approaches for treating GERD have been developed, though none is currently in widespread use. The use of botulism injection in the pylorus has not been effective for this patient in the past. The repeated procedure of Botox injection into the pylorus to treat GERD is not medically necessary.