

<b>Case Number:</b>	CM14-0161731		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male who sustained an industrial injury on 2-25-05. Progress report dated 8-6-14 reports follow up for gastrointestinal problem. He has not yet had the endoscopy. His weight is stable. Diagnoses include: multiple orthopedic injuries, irritable bowel syndrome with reflux, cramping and diarrhea, chronic asthma, increasing anxiety and migraine headaches. Plan of care includes: continue prilosec 20 mg two times per day, continue gaviscon 2 times per day, request upper and lower endoscopy as recommended by agreed medical examiner. Work status: per primary treating physician. Follow up in 6-8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Upper Endoscopy for submitted diagnosis Irritable Bowel Syndrome, as an outpatient:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence; BMJ Publishing Group, Ltd. [www.clinical.evidence.com](http://www.clinical.evidence.com), Section Digestive system disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Decision rationale:** CA MTUS/ACOEM/ODG do not address upper endoscopy for irritable bowel syndrome (IBS). The patient has a diagnosis of dyspepsia and reflux, however the request lists IBS as the diagnosis for which the upper endoscopy is desired. An upper endoscopy is not indicated in the evaluation of IBS, a lower GI problem. The documentation submitted claims dyspepsia and reflux, however the rationale for an upper endoscopy is not provided. Given the lack of clinical information, this request is deemed not medically necessary or appropriate.