

Case Number:	CM14-0170333		
Date Assigned:	10/20/2014	Date of Injury:	04/30/2011
Decision Date:	01/02/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Maryland. 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:

This case involves a 39 year old male who sustained an industrial injury on 04/30/11 when he fell from a six story building down to the fifth floor. His prior gastrointestinal (GI) issues included recurrent rectal bleeding, heart burn, constipation and weight gain. His prior treatment included acupuncture and psychotherapy. The Internal Medicine note from 05/19/14 was reviewed. Injured body parts were listed as upper and lower gastrointestinal systems, and sleep disorder. His medications included fluoxetine and trazodone. On examination he was noted to have moderate epigastric tenderness, left midabdominal tenderness and without evidence of external hemorrhoids. His diagnoses included gastroesophageal reflux disease/gastritis with history of H pylori microorganism positive, rectal bleeding and rule out obstructive sleep apnea. The plan of care was colonoscopy and upper endoscopy. He was also supposed to be treated with antibiotics and Omeprazole according to notes from June 2014. But neither omeprazole nor antibiotics were listed in any of the medical records available. The visit note from 08/20/14 was reviewed. His complaints included pain in the cervical spine, low back pain radiating to his bilateral lower extremities, stomach aches, and GI issues including heartburn as well as bloating secondary to medications. Pertinent diagnoses included gastritis. The provider discussed about rectal bleeding and constipation. The request was for upper endoscopy and colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper gastrointestinal endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual 2011 Procedures Adult Criteria Endoscopy, Upper Gastrointestinal (EGD)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASGE guidelines, The Role of Endoscopy in GERD and Dyspepsia

Decision rationale: According to American society of Gastroenterology guidelines regarding the role of endoscopy in management of GERD, an endoscopy is indicated if GERD symptoms are persistent or progressive despite appropriate medical therapy. In this case, the employee had H pylori and heartburn, which were supposed to be treated with proton pump inhibitors (PPI) and antibiotics. There is no documentation that he had been treated for H Pylori infection or for GERD with PPI therapy. In the absence of documentation of treatment, an endoscopy is not medically necessary or appropriate.