

Case Number:	CM14-0189544		
Date Assigned:	11/20/2014	Date of Injury:	03/15/2013
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine, 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:

Patient is a 33 year-old female with date of injury 03/15/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2014, lists subjective complaints as multiple symptoms of the gastrointestinal system including severe epigastric pain associated with severe heartburn. Objective findings: Examination of the abdomen revealed areas of tenderness, particularly over the epigastric area of moderate-to-severe intensity on palpation. There was also tenderness over the sides of the abdomen of milder degree. There was no hepatosplenomegaly. Bowel sounds were present. No ascites noted. No palpable mass noted on examination. Diagnosis: severe epigastric pain consistent with gastroesophageal acid reflux aggravated by anxiety, obesity, and side effects of NSAID use for the treatment of bodily injury 2. History of intermittent nausea and vomiting of uncertain etiology 3. Dysphagia 4. Irritable bowel syndrome of posttraumatic type 5. Severe anxiety and depression 6. Obesity 7. Possible underlying fatty liver disease 8. History of bodily injury, orthopedic diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Gastroenterology, National Guideline Clearing House

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: Aetna Inc, Clinical Policy Bulletin: Upper Gastrointestinal Endoscopy, Number: 0738, Last Review: 12/05/2014

Decision rationale: According to the [REDACTED] Upper Gastrointestinal Endoscopy, esophagogastroduodenoscopy is indicated for the evaluation of numerous upper GI complaints. Careful reading of the policy revealed that the patient's condition is described most closely by indication IV, Esophageal reflux symptoms that are persistent or recurrent despite appropriate therapy. There is no documentation that the patient has yet received appropriate therapy. Upper GI endoscopy is not medically necessary.