

Case Number:	CM14-0203399		
Date Assigned:	12/15/2014	Date of Injury:	02/28/2011
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas & 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 is a 62 year old male with a date of injury of 02/28/11. He is being treated for abdominal pain, GERD/gastritis, chronic constipation, carpal tunnel syndrome, sprain/strain of shoulder and upper arm. Subjective findings include during his most recent exam on 12/4/14 as no complaints of abdominal pain. Objective findings include a normal exam and a positive H. pylori breath test. Patient reports a prior upper endoscopy which showed some mild swelling. Treatment thus far has included Omeprazole, Tramadol, Hydrocodone, Nortriptyline, and Cyclobenzaprine. Utilization Review on 11/06/14 found the request for GI endoscopy to be non-certify as this is a repeat study with no significant changes requiring a second endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD

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: American Society for Gastrointestinal Endoscopy 2012 Appropriate use of GI Endoscopy Guidelines.

Decision rationale: This is a case of patient with gastrointestinal reflux disease by history and positive H. pylori breath test. He is being treated with a proton pump inhibitor (Omeprazole) twice daily which according to his physician has failed. There is no documentation that he was tried on another proton pump inhibitor to help control his symptoms. He also has a history of positive H. pylori breath test which the records fail to demonstrate whether he was treated for this or not. He has had an upper endoscopy (date and report not provided) prior with mild swelling in the back of the throat but no malignant or premalignant lesions noted per patient report. The records fail to demonstrate that the requesting physician made an attempt to obtain these previous endoscopy records. His most recent PR-2 does not include any red flag symptoms (weight loss, GI bleeding). His most recent history is negative for GERD symptoms, has a normal exam and a reported negative previous endoscopy. The MTUS and ODG are silent on the recommendations for upper GI endoscopy. There are two recommendations which relate to this case. Per the American Society for Gastrointestinal Endoscopy 2012 appropriate use of GI Endoscopy Guidelines, the indications for upper endoscopy that relates to this case for initial endoscopy is, "Esophageal reflux symptoms that persist or recur despite appropriate therapy." In this case, there are persistent symptoms but the requesting provider has failed to demonstrate appropriate therapy (changing proton pump inhibitor, treating his positive h. pylori test). This is also not his initial endoscopy as he has received an upper endoscopy recently by another provider with an unknown date and result. In the case of sequential or periodic endoscopy it is recommended for, "Surveillance for malignancy in patient with premalignant conditions." He does not have at this time any of the specific indications recommended by the American Society for Gastrointestinal Endoscopy for repeat endoscopy. As such, the request for GI endoscopy is not medically necessary.