

<b>Case Number:</b>	CM14-0207451		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Texas  
 Certification(s)/Specialty: Surgery, Hand Surgery

### 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 60 year old female with 10/06/09 date of injury. The diagnoses include chronic intractable lower back pain, right leg pain, status post right-sided L5-S1 laminectomy with 100% improvement of leg pain, myofascial pain syndrome, post laminectomy syndrome, lumbar sprain/strain. The primary treating physician, [REDACTED], describes that the patient complains of acid reflux type symptoms with burning discomfort and soreness in her throat especially when she wakes up in the morning. Patient also reports having seen blood in her stools but thinks this is more likely from her hemorrhoids. Therefore, the physician had referred the patient to a GI specialist for further evaluation and treatment of her gastric symptoms. It appears that the patient has been authorized for a consultation with a gastrointestinal specialist, according to 05/16/14 reports from the primary treating physician. The submitted RFA in question is from [REDACTED] requesting upper GI tract endoscopy, dated 12/11/14. However, the documentation provided does not contain the reports from the GI specialist describing the findings of the consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI Tract Endoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) indications for Esophagogastroduodenoscopy

**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 Role of endoscopy in the management of GERD, Volume 66, No. 2: 2007.  
<http://www.asge.org/assets/0/71542/71544/39A574DC-1EA9-4175-BE3D-8E21E5EA764F.pdf>

**Decision rationale:** American Society for Gastrointestinal Endoscopy published indications for endoscopy in patients with GERD, which include: GERD symptoms that are persistent or progressive despite appropriate medical therapy; Evaluation of patients with suspected extra-esophageal manifestations of GERD; Screening for BE in selected patients (as clinically indicated). 09/10/14 note states that the patient "is treating with [REDACTED] for stomach upset and dry mouth". However, the documentation provided does not contain the reports from the GI specialist, [REDACTED], describing the findings of the consultation. In the absence of objective findings of the GI evaluation and ongoing visits with the GI specialist, as well as a rationale from the requesting physician, [REDACTED], the necessity for the upper GI tract endoscopy could not be established. In addition, the patient has been prescribed Protonix 20 mg according to 04/2014 note, however, there is no description whether her symptoms have resolved from taking this PPI. Therefore, the criteria are not met and request is not medically necessary.