

<b>Case Number:</b>	CM15-0001120		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/21/2002
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Florida

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 66 year old female who sustained an industrial injury on 5/21/02. The injured worker reported symptoms in the neck. The diagnoses included esophageal dysphagia and gastroesophageal reflux disease. Treatments to date have included oral pain medications, physical therapy, status post anterior cervical discectomy and fusion, and status post sleep study. Esophagogastroduodenoscopy dated 12/22/14 noted the injured worker "tolerated the procedure poorly hence further dilation was not attempted", the treating physician is requesting an esophagogastroduodenoscopy with dilation every 4 - 6 weeks and propofol (monitored sedation). On 12/30/14, Utilization Review non-certified a request for an esophagogastroduodenoscopy with dilation every 4 - 6 weeks and propofol (monitored sedation). The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EGD (Esophagogastroduodenoscopy) with dilation every 4-6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society for Gastrointestinal

Endoscopy, US National Library of Medicine/National Institutes of Health: MedLine Plus, updated 10/14/2014, EGD - esophagogastroduodenoscopy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Journal of Gastroenterology Quality Indicators for Esophagogastroduodenoscopy Jonathan Cohen, Michael A Safdi, Stephen E Deal, Todd H Baron, Amitabh Chak, Brenda Hoffman, Brian C Jacobson, Klaus Mergener, Bret T Petersen, John L Petrini, Douglas K Rex, Douglas O Faigel ASGE Co-Chair and Irving M Pike ACG Co-Chair

**Decision rationale:** MTUS, ACOEM, and ODG guidelines do not address this request. Therefore, other peer approved, professional guidelines were referenced in the making of this determination. EGD (Esophagogastroduodenoscopy) is a procedure that is undertaken to aid in the diagnosis and treatment of Gastrointestinal pathology. This request is for an EGD procedure to be performed every 6 weeks. The rationale for this request was not provided in the documentation submitted, and the medical records provided do not state a diagnosis that would justify this procedure being performed every 6 weeks. It is documented that this procedure was already attempted once and that the patient could not tolerate the attempt, and that likewise the procedure had to be aborted. The requesting physician needs to provide documentation regarding his rationale for this request. At this time, without further compelling information being provided, this request for an EGD to be performed every 6 weeks is not considered medically necessary.

**Propofol (monitored sedation):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Medical Policy: Monitored Anesthesia Care, updated 2-2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com 2015

**Decision rationale:** The request for Propofol is not considered medically necessary as the request for an EGD to be performed every 6 weeks has not been established to be medically necessary, based off the documentation that has been provided.