

<b>Case Number:</b>	CM15-0005743		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 46-year-old male, with a reported date of injury of 05/22/2007. The diagnoses include a possible iatrogenic gastrointestinal injury. Treatments have included Omeprazole, a roentgenographic study of the abdomen, which showed no abnormal mass or calcification, and normal findings. The agreed medical evaluation report dated 07/11/2014 indicates that the injured worker consumed an opiate pain medication and a non-steroidal anti-inflammatory drug (NSAID) twice daily on average. The injured worker complained of persistent gastrointestinal troubles and stomach/abdominal discomfort. He felt like food got stuck in the esophagus, and felt full before completing a full portion of food. The injured worker had difficulty falling asleep due to gastrointestinal troubles. The physical examination showed a soft, non-tender abdomen, with normal bowel sounds. The treating specialist recommended a referral to a gastroenterology specialist to perform an upper endoscopy due to complaints of dysphagia. The treating physician recommended an esophagogastroduodenoscopy assessment. On 12/19/2014, Utilization Review (UR) denied the request for an esophagogastroduodenoscopy, noting that there was no documentation of subjective and objective findings pertaining to gastrointestinal trouble. The non-MTUS [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Esophagogastroduodenoscopy: Overturned**

**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), Esophagogastroduodenoscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The MTUS and ODG guidelines are silent on esophagogastroduodenoscopy. The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation submitted for review supports specialist referral to a gastroenterology specialist to perform an upper endoscopy due to complaints of dysphagia. The request is medically necessary.