

<b>Case Number:</b>	CM15-0101789		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 29, 2006. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for an upper GI endoscopy procedure. The claims administrator referenced progress notes of February 24, 2015, March 19 2015, and March 30, 2015 in its determination. The applicant's attorney subsequently appealed. On February 24, 2015, the applicant reported worsening complaints of constipation. The applicant's problem list included transaminitis, epigastric pain, hypertension, alleged urinary incontinence, hiatal hernia, and history of hematuria. Little-to-no narrative commentary was attached. The applicant was severely obese, with BMI of 43. The patient was using Prevacid, Opana, Cymbalta, and Tenormin, it was reported. The attending provider stated that the applicant had had an EGD two years prior, which demonstrated hiatal hernia and gastritis. The applicant had also been treated for H. pylori in the past, it was reported. A gastric emptying study to rule out gastroparesis, continued usage of Prevacid, H. pylori stool testing, and an EGD were sought. It was also stated that the applicant had intermittent symptoms of vomiting evident as of this point in time. A subsequent progress note of March 19, 2015 made incidental mention of the applicant's issues with dyspepsia but did not elaborate on the extent of the same, noting that a gastroenterologist was following the applicant. The applicant was given refills of Tenormin, Cymbalta, Opana, and Opana extended release. The applicant was not working, it was acknowledged. It was stated that the applicant had deteriorated substantively over time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Upper gastrointestinal endoscopy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1128 GASTROINTESTINAL ENDOSCOPY Volume 75, No. 6 : 2012 Appropriate use of GI endoscopy [www.giejournal.org](http://www.giejournal.org).

**Decision rationale:** Yes, the request for an upper GI endoscopy was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Society for Gastrointestinal Endoscopy (ASGE) notes that EGD testing is indicated for evaluating applicants with esophageal reflux symptoms, which persist or reoccurred despite appropriate therapy. Here, the requesting provider did state on February 24, 2015 that the applicant's issues with reflux had persisted despite introduction of Prevacid, a proton pump inhibitor. The applicant had also reported worsening complaints of epigastric pain at that point in time, despite treatment for reflux and despite earlier treatment for H. pylori. Obtaining an EGD/upper GI endoscopy, thus, was indicated, given the seeming failure of medical management/medication therapy for the gastritis, reflux, and/or hiatal hernia reportedly present here. Therefore, the request was medically necessary.