

Case Number:	CM15-0108082		
Date Assigned:	06/12/2015	Date of Injury:	02/07/2014
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 40 year old female who reported an industrial injury on 2/7/2014. Her diagnoses, and/or impressions, are noted to include: multiple musculoskeletal issues/diagnosis, along with sleep disturbance, stress, sexual dysfunction, abdominal pain, and gastroesophageal reflux disease (GERD). Her treatments have included diagnostic studies; multiple conservative modalities for musculoskeletal issues; medication management to include Prilosec for dyspepsia due to non-steroidal anti-inflammatory, or other medication, use; and a return to modified work duties. The progress notes of 5/14/2015 reported a progressive improvement in the frequency of acid reflux, with the use of Prilosec; and of moderate pain in her esophagus and stomach described as sharp and burning sensations. Objective findings were noted to include a reported decrease in frequency of acid reflux to 3 times a week with the use of Prilosec; and the pain in her esophagus and stomach. The physician's requests for treatments were noted to include a repeat esophagogastroduodenoscopy (EGD) for pathology of the upper gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Esophagogastroduodenoscopy (EGD) with assess pathology of the upper gastrointestinal tract including Biopsy and H. Pylori Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Role of Endoscopy in the Management of GERD. Aug; 66(2):219-24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1851864-overview>.

Decision rationale: Pursuant to Medscape, repeat esophagogastroduodenoscopy (EGD) to assess pathology of upper G.I. tract including biopsy and H. pylori test is not medically necessary. Indications for EGD include diagnostic evaluation for signs or symptoms suggestive of upper gastrointestinal disease; surveillance for G.I. cancer in high-risk settings; biopsy for known or suggested upper G.I. disease (malabsorption, infections); and therapeutic intervention (e.g. retrieval foreign bodies controlling bleeding, etc.). In this case, the injured worker's working diagnosis gastroesophageal reflux disease. The injured worker's symptoms began February 2014 with pain in the stomach as a result of starting non-steroidal anti-inflammatory drugs. In April 2014 the injured worker discontinued naproxen, however continued over-the-counter non-steroidal anti-inflammatory drugs. On June 2014, the injured worker was started on omeprazole. In February 2015 the injured worker had an upper G.I. series (the radiologic examination) that show gastric hyper secretion and mucosal edema. There is no documentation of an initial EGD in the medical record. May 2015. According to the most recent progress note dated May 14, 2015, subjectively the injured worker complains of reflux three times a week in comparison to every day. The treating provider states the injured worker has H. pylori, but there is no laboratory confirmation of H. pylori in the medical record. Objectively, there is no physical examination. The internal medicine/gastroenterologist documents in a progress note dated February 3, 2015: "Please note that I do not have any medical records before her injury of February 7, 2014 to confirm or refute the above". The treating provider needs to retrieve any and all prior medical records regarding the injured worker's subjective and objective complaints. There is no documentation of an initial EGD with or without biopsy with or without H. pylori testing. These records should be reviewed prior to a repeat EGD. Consequently, absent clinical documentation with the first EGD, biopsies, H. pylori testing and a recent physical examination, repeat esophagogastroduodenoscopy (EGD) to assess pathology of upper G.I. tract including biopsy and H. pylori test is not medically necessary.