

Case Number:	CM15-0162736		
Date Assigned:	08/31/2015	Date of Injury:	08/23/2003
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Texas

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:

This 45 year old woman sustained an industrial injury on 8-23-2003. The mechanism of injury is not detailed. Evaluations include right knee MRI dated 10-18-2013, cervical spine MRI dated 2-12-2013, lumbar spine MRI dated 12-7-2012, cervical proactive discogram dated 5-8-2012, post-discogram CT, thoracic spine CT dated 12-8-2011, thoracic spine MRI dated 11-15-2011, electromyogram and nerve conduction studies of the bilateral lower extremities dated 6-1-2010, ad electromyogram and nerve conduction studies of the bilateral upper extremities dated 1-26-2010. Diagnoses include thoracic compression fracture, cervical myoligamentous injury with degenerative disc disease and facet arthropathy, cervicogenic headaches with frequent migraines, chronic pain syndrome, lumbar myoligamentous injury, reactionary depression and anxiety with sleep disturbance, right wrist internal derangement, left shoulder sprain-strain syndrome, medication induced gastritis, right upper extremity radiculopathy, and right knee internal derangement. Treatment has included oral medications, Botox injections, and steroid injection to the knee. Physician notes dated 7-1-2015 show complaints of right knee pain, increased low back pain rated 8 out of 10 with radiation to the bilateral lower extremities, and neck pain with associates cervicogenic headaches. Recommendations include lumbosacral epidural steroid injections, trigger point injections administered today, Norco, Neurontin, continue psychiatric care, 30 day trial of PENS treatment, esophagogastroduodenoscopy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI (gastrointestinal) endoscopy study, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Approach to the patient with refractory GERD.

Decision rationale: The MTUS is silent regarding the treatment of GERD. According to UptoDate.com, a patient who continues to have symptoms of GERD despite treatment with a PPI should have an EGD if the patient is having alarm symptoms such as weight loss, bleeding, dysphagia, odynophagia or they are of advanced age. If symptoms continue despite the above (twice daily PPI), we suggest performing esophageal impedance and pH testing where available. In patients with persistent acid reflux on esophageal impedance and pH testing or when testing is unavailable and patients primarily report heartburn, we suggest adding a bedtime H2RA. If clinical tolerance develops, H2RA can be used intermittently or on demand. In patients with refractory GERD on PPI twice daily who demonstrate symptoms associated with non-acidic reflux on an esophageal impedance pH study, we suggest a trial of baclofen. If access to an esophageal impedance pH study is unavailable, we suggest an empiric trial of baclofen in those whose symptoms are primarily regurgitation. We usually begin by giving 10 mg twice daily, which can be increased slowly to 20 mg three times daily. Patients should be monitored for side effects such as somnolence, confusion, dizziness, lightheadedness, drowsiness, weakness, and trembling. In this case the documentation doesn't support that the patient has any alarm symptoms. She continues to have mild symptoms despite use of a twice daily PPI. EGD is not the next step regarding diagnoses and treatment in the absence of alarm symptoms. An upper GI endoscopy is not medically necessary.