

<b>Case Number:</b>	CM15-0167532		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 [REDACTED] beneficiary who has filed a claim for gastroesophageal reflux disease reportedly associated with an industrial injury of November 1, 2006. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for an endoscopy procedure. The claims administrator cited a progress note of July 13, 2015 in its determination. The claims administrator placed guidelines from the Medical Disability Advisor at the bottom of its note but did not incorporate the same into its determination. The claims administrator contended that the applicant should undergo an internal medicine evaluation before considering an endoscopy. The applicant's attorney subsequently appealed. On a July 13, 2015 progress note, the applicant reported multifocal complaints of back, neck, and leg pain. The note was very difficult to follow and comprised, in large part, of citations from the Labor Code. The applicant's medications included Prilosec, Lunesta, Neurontin, Norco, Colace, TriCor, Flomax, Wellbutrin, BuSpar, Ativan, and Norvasc, it was reported. The applicant developed issues with depression, it was reported. The treating provider contended that the applicant was totally temporarily disabled from a psychological perspective. The applicant's psychologist seemingly contended that the applicant was not using Prilosec. Somewhat incongruously, a separate medical progress note of July 13, 2015 was notable for commentary to the effect that the applicant was using Prilosec on a twice daily basis. Prilosec was refilled. An endoscopy and echocardiogram were endorsed on the grounds that the applicant's medical-legal evaluator had suggested the same. The applicant was also asked to follow up with an internist to discuss issues with reflux. Severe medication-induced gastritis was listed amongst the operating diagnoses. Trigger point injections were performed. The applicant had undergone an earlier failed

cervical fusion surgery, it was reported. The note was admittedly sparse insofar as discussions of the applicant's issues of reflux were concerned. A January 24, 2015 progress note suggested that the applicant had not used Prilosec for over a month. The applicant had known issues with reflux, it was reported. Omeprazole was not helping much, it was stated on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Endoscopy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The medical disability advisor: Workplace guidelines for Disability duration by [REDACTED], MD. Esophagogastroduodenoscopy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy (ASGE) Volume 75, No. 6 : 2012 GASTROINTESTINAL ENDOSCOPY 1127 Copyright © 2012 by the American Society for Gastrointestinal Endoscopy. Appropriate use of GI endoscopy SPECIFIC INDICATIONS STATEMENTS EGD is generally indicated for evaluating: D. Esophageal reflux symptoms that persist or recur despite appropriate therapy.

**Decision rationale:** Yes, the request for an endoscopy was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Society of Gastrointestinal Endoscopy (ASGE) notes that a GI endoscopy is generally indicated in applicants in whom an empirical trial of therapy for suspected digestive disorder had proven unsuccessful. ASGE also notes that EGD is indicated in the evaluation of reflux which persists or recurs despite appropriate therapy. Here, the documentation, while admittedly at times incongruous and at times sparse insofar as discussion of the applicant's issues with reflux were concerned, did nevertheless suggest that the applicant had had issues with gastroesophageal reflux disease present for a minimum of 6 months prior to the date of the request. Treatment with omeprazole had seemingly proven ineffectual, it was suggested as early as January 2015. Moving forward with the proposed endoscopy, thus, was indicated. Therefore, the request is medically necessary.