

Case Number:	CM15-0180434		
Date Assigned:	09/22/2015	Date of Injury:	11/17/2008
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old male who sustained an industrial injury November 17, 2008. Diagnoses are GERD (gastroesophageal reflux disease), erosive esophagitis, and Schatzki ring. According to a physician's handwritten office visit notes, dated July 2, 2015, the injured worker presented doing much better since treatment with Dexilant. Dyspepsia has decreased and no dysphagia. He reports he could not perform ph monitoring, motility negative. Current medication included ibuprofen as needed (currently seven times a week) and topical Voltaren. Some handwritten notes are difficult to decipher. Treatment plan included to continue with Dexilant and an EGD in September to confirm healing. A pathology report, esophagogastric junction- esophageal biopsy dated March 18, 2015 (present in the medical record) diagnosis documented as squamous and gastric type mucosa with chronic inflammation; no specialized epithelium Barrett type is identified; no dysplastic changes are seen. According to utilization review dated September 4, 2015, the request for Esophagogastroduodenoscopy (EGD) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophago-Gastro-Duodenoscopy (EGD): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/books/MBK6896] - Gastro-esophageal reflux disease (GERD).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 45 year old male has complained of esophageal reflux since date of injury 11/17/2008. He has been treated with EGD and medications. The current request is for repeat EGD. The available medical records document an EGD with dilation and biopsies performed in 05/2013, which did not reveal any pathologic evidence of Barrett's esophagus or dysplastic changes. The medical documentation does not document the provider rationale for requesting repeat EGD testing nor does it document any subjective or objective findings, which would indicate the necessity of repeat testing. Based on the available medical records and per the guidelines cited above, EGD is not medically necessary.