

<b>Case Number:</b>	CM15-0190739		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 33-year-old male who sustained an industrial injury on 7-30-2010. Diagnoses have included lumbosacral sprain with radicular pain and herniated disc at L4-5 and L5-S1 with onset of diarrhea stated to have occurred "immediately after his injury," urinary incontinence, tremors. Other related diagnoses include irritable bowel syndrome and GERD. Diagnostic lab tests noted at the 8-31-2015 visit include Clostridium Difficile, stool culture, and ova and parasite screen with no results in the provided medical record submitted for this request. Documented treatment includes use of medication: Dexilant, Famotidine, Lomotil, an over-the-counter liquid antacid with meals, and he has been receiving treatment with a gastroenterologist. The injured worker continues to present with symptoms including diarrhea and heartburn. At the 8-31-2015 visit, the gastroenterologist documented that there was no nausea, vomiting, weight loss or problems with eating, but "some side pain bilaterally" in the upper quadrants. The treating physician's plan of care includes an esophagogastroduodenoscopy which was denied on 9-8-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Esophagogastroduodenoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18972552>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 33 year old male has complained of low back pain, gastroesophageal reflux and diarrhea since date of injury 7/30/2010. He has been treated with medications. The current request is for esophagogastroduodenoscopy (EGD). Per the guidelines cited above, EGD is indicated in the evaluation of melena, hematemesis, persistent dyspepsia, heartburn, persistent vomiting, nausea and dysphagia. The available medical records do not contain adequate documentation of symptomatology supporting any of these diagnoses nor is there documented provider rationale for requesting an EGD. On the basis of the available medical records and per the guidelines cited above, EGD is not indicated as medically necessary.