

<b>Case Number:</b>	CM15-0200476		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 51 year old male who sustained an industrial injury on 4-1-2009. A review of medical records indicates the injured worker is being treated for post-laminectomy syndrome lumbar region, unspecified thoracic-lumbar neuritis radiculitis, and lumbosacral spondylosis. Medical records dated 9-8-2015 noted low back pain as well as hip pain and knee pain. Pain was rated at least a 7 out 10 and at worst an 8 out 10. It is noted medication improves his condition and activities of daily living. Physical examination noted decreased range of motion in all planes. There was no GI assessment. Treatment has included Percocet, gabapentin, celexa, and Prilosec since at least 3-19-2015. Utilization review form non-certified esophagogastroduodenoscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Esophagogastroduodenoscopy (EGD): 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/1817431>.

**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 51 year old male has complained of low back pain, hip pain and knee pain since date of injury 4/1/2009. He has been treated with surgery, physical therapy and medications. The current request is for esophagogastroduodenoscopy (EGD). EGD is indicated in the evaluation of gastrointestinal symptoms to include, dysphagia, bleeding, anemia, weight loss, recurrent vomiting, lack of response to proton pump inhibitor therapy and history of esophageal stricture with persistent reflux symptoms. The most recent provider records do not document a gastrointestinal assessment nor do they adequately document provider rationale for obtaining an EGD. On the basis of the available medical records and per the guidelines cited above, EGD is not indicated as medically necessary.