

Case Number:	CM15-0051478		
Date Assigned:	03/24/2015	Date of Injury:	04/25/2007
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 04/25/2007. The injured worker is currently diagnosed as having status post multiple lumbar injuries and L4-S1 fusion with residual interbody cage at L4-5. Treatment to date has included lumbar surgery and pain medications. In a progress note dated 01/13/2015, the injured worker presented with complaints of residual low back pain, no radicular symptoms, persistent abdominal pain, and bloating. The treating physician reported requesting authorization for esophagogastroduodenoscopy to evaluate abdominal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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.mdguidelines.com/esophagogastroduodenoscopy>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Journal Gastrointestinal Endoscopy, Volume 75,

No. 6: 2012 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with residual low back pain, no radicular symptoms, persistent abdominal pain, constipation and bloating. The request is for 1 Esophagogastroduodenoscopy (EGD). There is no RFA provided and the patient's date of injury is 04/25/07. The patient is currently diagnosed as having status post multiple lumbar injuries and L4-S1 fusion with residual interbody cage at L4-5. Per 01/13/15 report, physical examination to the lumbar spine revealed decreased range of motion, especially on extension, 15 degrees. No examinations pertinent to GI complaint were documented. No image studies were provided for review. Treatment to date has included lumbar surgery and pain medications. Currently, the patient does home exercises and stretches is currently prescribed Tramadol on an as needed basis. The patient is permanent and stationary, per 10/16/14 report. While MTUS and ODG do not offer specific recommendations for the utilization of upper GI endoscopy, the journal *Gastrointestinal Endoscopy*, Volume 75, No. 6: 2012 has the following regarding indications for GI endoscopy: "EGD is generally indicated for evaluating: A. Upper abdominal symptoms that persist despite an appropriate trial of therapy. D. Esophageal reflux symptoms that persist or recur despite appropriate therapy. F. Other diseases in which the presence of upper GI pathology might modify other planned management. Examples include patients who have a history of ulcer or GI bleeding who are scheduled for organ transplantation, long-term anticoagulation or non-steroidal antiinflammatory drug therapy for arthritis and those with cancer of the head and neck." ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, only two hand written reports were provided for this review. Per 10/16/14 report, treater states, "Continue to support EGD to evaluate current and symptoms as rec by specialist." The specialist report was not included in the file. In regards to the request for an upper GI endoscopy for the evaluation of this patient's chronic complaints of abdominal pain, it may be reasonable. However, the specialist's report was not provided to understand the rationale. There is no discussion regarding what has been done thus far for the patient's abdominal complaints. It is not known whether or not appropriate treatment has been tried and how much the patient is bothered by the symptoms, etc. Given the lack of adequate discussion, the request is Not medically necessary.