

<b>Case Number:</b>	CM15-0081590		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 63 year old male, who sustained an industrial injury on 07/31/2014. The injured worker is currently diagnosed as having cervical herniated nucleus pulposus, bilateral shoulder sprain/strain with impingement, lumbar herniated nucleus pulposus, right internal derangement, and medication induced gastritis. Treatment and diagnostics to date has included lumbar epidural steroid injection, left shoulder MRI, right shoulder MRI, cervical spine MRI, lumbar spine MRI, electromyography, and medications. In a progress note dated 04/07/2015, the injured worker presented with complaints of abdominal pain. The treating physician reported requesting authorization for an esophagogastroduodenoscopy and colonoscopy under moderate sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Esophagogastroduodenoscopy with Biopsy and General Anesthesia: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003888.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003338.htm>.

**Decision rationale:** Pursuant to Medline plus, one esophagogastroduodenoscopy (EGD) with biopsy and general anesthesia is not medically necessary. It is a way of examining the inside of the body using a flexible fiber-optic scope. It is used to look more closely at areas inside the body, take samples about tissues, treat certain diseases, remove tumors, stop bleeding and remove foreign bodies. For additional details see attached link. EGD's are done under conscious sedation, not general anesthesia. In this case, the injured worker's working diagnosis is a three-week history of abdominal pain. A consultant's note (from the treating gastroenterologist) states the differential diagnosis for the abdominal pain includes peptic ulcer disease from non-steroidal anti-inflammatory drug use, H. pylori, bloating and abdominal pain and constipation, and biliary colic. Subjectively, according to a recent orthopedic progress note dated March 25, 2015, the injured worker had complaints of right knee, right hip and left shoulder and upper back pain. The injured worker was still taking ibuprofen in conjunction with omeprazole. Reportedly, there was anal itching with minor bleeding and constipation. The injured worker had a colonoscopy five years prior. There were no details available regarding the first colonoscopy. Objectively, the abdomen was soft, obese with tenderness in the right quadrant. There was no rectal examination performed with no documentation of bleeding. An EGD is not clinically indicated. The injured worker is still taking non-steroidal anti-inflammatory drugs. The NSAID should be discontinued and the patient reevaluated. There is insufficient clinical documentation including a rectal examination performed during the initial evaluation of an otherwise negative abdominal examination. The request for general anesthesia is also not medically necessary. Additionally, the treating providers have not established a causal relationship between the work injury and the request for an EGD. Consequently, absent clinical documentation with a detailed physical examination, signs of occult and a causal relationship to the work injury, one esophagogastroduodenoscopy (EGD) with biopsy and general anesthesia is not medically necessary.

### **1 Colonoscopy with Biopsy and general Anesthesia: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.niddk.nih.gov/health-information/health-topics/diagnostic-tests/coloscopy/Pages/diagnostic-test.aspx>, Colonoscopy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/colonoscopy.html>.

**Decision rationale:** Pursuant to Medline plus, one colonoscopy with biopsy and general anesthesia is not medically necessary. Colonoscopy is a procedure whereby the doctor examines the entire large intestine. A fiber-optic colonoscope inserted in through the anal canal into the large bowel. Colonoscopies are used to examine the colon and rectum for early signs of cancer, unexplained changes in bowel habits and to evaluate symptoms like abdominal pain, rectal bleeding weight was. Colonoscopies with or without biopsies are performed under conscious sedation, not general anesthesia. In this case, the injured worker's working diagnosis is a three-

week history of abdominal pain. A consultant's note (from the treating gastroenterologist) states the differential diagnosis for the abdominal pain includes peptic ulcer disease from non-steroidal anti-inflammatory drug use, H. pylori, bloating and abdominal pain and constipation, biliary colic. Subjectively, according to a recent orthopedic progress note dated March 25, 2015, the injured worker had complaints of right knee, right hip and left shoulder and upper back pain. The injured worker was still taking ibuprofen in conjunction with omeprazole. Reportedly, there was anal itching with minor bleeding and constipation. The injured worker had a colonoscopy five years prior. There were no details available regarding the first colonoscopy. Objectively, the abdomen was soft, obese with tenderness in the right quadrant. There was no rectal examination performed with no documentation of bleeding. A colonoscopy is not clinically indicated. The injured worker is still taking non-steroidal anti-inflammatory drugs. The NSAID should be discontinued and the patient reevaluated. There is insufficient clinical documentation including a rectal examination performed during the initial evaluation of an otherwise negative abdominal examination. The request for general anesthesia is also not medically necessary. Additionally, the treating providers have not established a causal relationship between the work injury and the request for a colonoscopy. The treating provider should obtain the prior colonoscopy results by the treating gastroenterologist. Consequently, absent clinical documentation with a detailed physical examination, signs of occult disease and a causal relationship to the work injury, one colonoscopy with biopsy and general anesthesia are not medically necessary.