

<b>Case Number:</b>	CM15-0082471		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/21/2006
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 48 year old male, who sustained an industrial injury on September 21, 2006. He has reported back pain, shoulder pain, leg pain, and gastrointestinal symptoms secondary to medications. Diagnoses have included acute gastritis. Treatment to date has included proton pump inhibitors and over the counter remedies for gastritis. A Qualified Medical Evaluation dated March 31, 2015 indicates a chief complaint of stomach pain and upset. The treating physician documented a plan of care that included an upper endoscopy and biopsy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Upper G.I. Endoscopy and Biopsy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Annals of Internal medicine, 157 (11), 808-816.

**MAXIMUS guideline:** The Expert Reviewer 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/upper-gi-endoscopy/Pages/diagnostic-test.aspx>.

**Decision rationale:** Pursuant to the National Institute of Diabetes and Digestive and Kidney Diseases, upper G.I. endoscopy with biopsy is not medically necessary. Upper G.I. endoscopy is a procedure where a flexible fiber-optic scope with a camera is used to evaluate the lining of the upper G.I. tract. Indications include determining the unexplained symptoms such as persistent heartburn, bleeding, nausea and vomiting, pain, problems swallowing and unexplained weight loss, anemia, nutritional deficiencies, etc. See the guidelines for additional details. In this case, the injured worker's internal medicine/gastroenterology working diagnoses are orthopedic injuries, not addressed; and gastroesophageal reflux disease. The documentation shows the injured worker sustained a low back injury with lower extremity radiculopathy. Initially, the injured worker was started on non-steroidal anti-inflammatory drugs, physical therapy, acupuncture. He injured worker developed abdominal pain and reflux after starting non-steroidal anti-inflammatory drugs. The injured worker was started on Omeprazole (proton pump inhibitor) for two years. Proton pump inhibitors were discontinued in 2009, but the injured worker remain a non-steroidal anti-inflammatory drugs. Additionally, in 2007 the injured worker was diagnosed with H. pylori. There was no causal relationship established between the work-related injury and H. pylori in 2007. The documentation does not indicate how the H. pylori diagnosis was established in 2007. There was no evidence of an upper G.I. endoscopy performed at that time. According to a March 31, 2015 progress notes, the injured worker is still taking non-steroidal anti-inflammatory drugs, lidocaine cream and Tramadol. Subjectively, according to the March 31, 2015 progress note, the abdominal pain does not occur daily but rather two to three times per week. There is no weight loss, nausea, vomiting, upper or lower G.I. bleeding. Objectively, the abdomen is soft and nontender. There is no rectal examination or evidence of bleeding. The H. pylori was treated in 2007. There is no clinical rationale indicating why the H. pylori was not tested at any point in time (over an 8 year period) through the present. The abdominal pain and reflux was a symptom dating back to 2007. Omeprazole (proton pump inhibitor) was started and subsequently discontinued in 2009. The documentation does not state why a proton pump inhibitor or H2 receptor antagonist was not re-started in response to recurrent abdominal pain and dyspepsia. H2 receptor antagonists and proton pump inhibitors are a first-line treatment prior to an invasive upper G.I. endoscopy. Additionally, as noted above, there is no clinical rationale explaining why an H. pylori was not retested over the eight years since the initial diagnosis. Consequently, absent clinical documentation with evidence of first-line treatment with proton pump inhibitors and or H2 receptor antagonists and discontinuation of non-steroidal anti-inflammatory drugs prior to an invasive upper G.I. endoscopy with biopsy, upper G.I. endoscopy with biopsy is not medically necessary.