

Case Number:	CM14-0162254		
Date Assigned:	10/07/2014	Date of Injury:	02/25/2005
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who reported an injury on 02/25/2005. The mechanism of injury was not provided. The injured worker's diagnoses included multiple orthopedic injuries, gastroesophageal reflux disease/gastritis, chronic asthma, increasing anxiety, and migraine headaches. The injured worker's past treatments included medications and injections. There were no relevant diagnostic studies documented or relevant surgeries documented. On 08/06/2014, the injured worker complained of dyspepsia. He reported that he had not yet had the endoscopy as recommended. Upon physical examination the injured worker was noted with present bowel sounds and tenderness in the entire midepigastrum from the umbilicus to the xiphoid and laterally several inches. The injured worker's medications included Prilosec and Gaviscon foam tabs. The request was for an upper endoscopy. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Upper Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence; BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Digestive System Disorders; Condition: Gastro-oesophageal Reflux Disease

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Society for Gastrointestinal Endoscopy.

Decision rationale: The request for 1 upper endoscopy is not medically necessary. The American Society for Gastrointestinal Endoscopy indicates that endoscopy should be considered in the evaluation and management of patients with suspected extraesophageal manifestations of Gastroesophageal Reflux Disease (GERD) who present with symptoms such as choking, coughing, and hoarseness. Endoscopy at presentation should be considered in patients who have symptoms suggestive of complicated disease or those at risk for Barrett's esophagus. Failure to respond to appropriate antisecretory medical therapy or the presence of other clinical signs suggestive of complicated gastroesophageal reflux disease should prompt evaluation with endoscopy in consideration of other diagnostic modalities including ambulatory pH monitoring, esophageal manometry, and multichannel impedance testing. At least 50% of patients with reflux symptoms have normal esophageal endoscopic findings or uncomplicated GERD. Because of these observations, current recommendations are to initiate empiric antisecretory therapy in patients with typical GERD symptoms and the absence of alarm features. The injured worker complained of persistent dyspepsia. He had been prescribed a proton pump inhibitor on 10/17/2013. The documentation did not provide evidence of the efficacy of the current proton pump inhibitor, or indications that other antisecretory medical therapy has been tried. Endoscopy is recommended for patients who have symptoms suggesting complicated GERD or alarm symptoms. In the absence of documentation with evidence of significant objective findings suggesting complicated GERD or documented evidence of the efficacy of the current proton pump inhibitor in relation to the dyspepsia, the request is not supported. Therefore, the request is not medically necessary.