

<b>Case Number:</b>	CM14-0176688		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 General Surgery and is licensed to practice in Ohio. 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:

This 56 year old female was injured 4/25/00. Per a progress note dated 9/16/14 has had an H. Pylori breath test done. She continues to complain of epigastric pain and has experienced an unintentional 15 pound weight loss. The pain radiates to the right upper quadrant. It is felt that she has a gastropathy the result of medications necessary the result of her industrial injury. On examination she has a positive Murphy's and mid epigastric abdominal tenderness to palpation. She has not responded to the use of PPI's (proton pump inhibitors). The Pain Specialist has requested upper endoscopy. Her complaint is total body pain. Her diagnoses are myalgia and myositis, gastropathy secondary to medications, and rule out cholecystitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Endoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASGE Standards of Practice Committee, Maple JT, Ben-Menachem T, Anderson MA, Appalaneni V, Banerjee S, Cash BD, Fisher L, Harrison ME, Fanelli RD, Fukami N, Ikenberry SO, Jain R, Khan K, Krinsky ML, Strohmeyer L, Dominitz JA. The role of endoscopy in evaluation of suspected choledocholithiasis, Gastrointest Endos. 2010 Jan; 71 (1):1-9 (106 references) PubMed External Web Site Policy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Esophagogastroduodenoscopy Author: Tony E Yusuf, MD; Chief Editor: Julian Katz, MD Medscape; Updated: Jun 3, 2013 Indications: -"Diagnostic evaluation for signs or symptoms suggestive of upper GI disease (e.g., dyspepsia, dysphagia, non-cardiac chest pain, recurrent emesis) -Surveillance for upper GI cancer in high-risk settings (e.g., Barrett esophagus,[1] polyposis syndromes) - Biopsy for known or suggested upper GI disease (e.g., malabsorption syndr

**Decision rationale:** There is not description of the patient's complaints, duration of trial of PPI's or drug utilized, description of pain, relationship to meals, or results and labs such as the H. Pylori breathe test. The work up per the literature as well as per community standard should begin with liver functions and an abdominal ultrasound. Therefore, the request for upper endoscopy is not medically necessary.