

Case Number:	CM14-0093964		
Date Assigned:	07/25/2014	Date of Injury:	07/12/2007
Decision Date:	09/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is a 57 year old male who was injured on 07/12/2007. The mechanism of injury is unknown. Prior treatment history has included Ibuprofen, Acetaminophen, Tramadol, and Cyclobenzaprine. He has a past medical history of ulcers, acid reflux disease, and esophagitis. The patient underwent an esophagogastroduodenoscopy on 05/16/2014. Progress report dated 04/29/2014 states the patient presented with abdominal pain which he felt may be related to medications he is taking. He reported developing this pain from heartburn and acid regurgitation. He stated his symptoms are present all the time. He was tried on Prilosec which did help but reports his symptoms are worsening. He has severe neck pain and bony spurs. He is diagnosed with reflux esophagitis, gastritis without mention of hemorrhage, and acute gastric ulcer without mention of hemorrhage. He was given Omeprazole delayed release 40 mg, once a day for 30 days with 3 refills. Prior utilization review dated 05/30/2014 states the request for (EGD) esophagogastroduodenoscopy is denied and could be revisited based on the patient's response to Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EGD) esophagogastroduodenoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Endoscopy. 2000 Dec: 32 (12): 971.3.

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003888.htm>.

Decision rationale: The guidelines recommend EGD when alarm signs/symptoms are present or after a trial of conservative therapy has failed for dyspepsia/GERD. The clinical notes did not adequately discuss any alarm signs/symptoms or indication for urgent EGD. The clinical notes stated the patient was being started on PPI therapy but did not discuss results of the medication trial. It is unclear if the patient has persistent gastrointestinal symptoms or what the indication for EGD is at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.