

<b>Case Number:</b>	CM14-0159385		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Emergency 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 injured worker is a 59 year-old male, who sustained an injury on February 25, 2005. The mechanism of injury is not noted. Diagnostics have included: X-rays of lumbar spine, 3/27/14, no severe disc narrowing noted; MRI of lumbar spine, 5/17/11, disc protrusion at L5-S1 with an annular tear. Treatments have included: Gaviscon; Prilosec; cervical epidural steroid injection. The current diagnoses are: Multiple orthopedic injuries, industrial; irritable bowel syndrome with feature of reflux, cramping, and diarrhea; chronic asthma; increasing anxiety; migraine headaches. The stated purpose of the request for 1 lower endoscopy for submitted diagnosis irritable bowel syndrome as an outpatient was to assess the injured worker's ongoing gastrointestinal complaints. The request for 1 lower endoscopy for submitted diagnosis irritable bowel syndrome as an outpatient was denied on September 11, 2014, citing the rationale that the clinical notes did not clearly identify the indication for the lower endoscopy and did not include sufficient physical exam or history of the injured worker's gastrointestinal complaint to warrant lower endoscopy. Per the report dated August 6, 2014, the treating physician noted that the injured worker's dyspepsia remained his #1 gastrointestinal problem. He had not yet had the endoscopy as recommended by [REDACTED]. Objective findings included immediate tenderness in the entire mid epigastrium from the umbilicus to the xiphoid and laterally several inches. There was no guarding in the lower quadrants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lower Endoscopy for submitted diagnosis Irritable Bowel Syndrome, as an outpatient:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Davis-Christopher Textbook of Surgery, 12th Ed., David C. Sabiston Jr., W.B. Saunders Company, 1981

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information and The National Library of Medicine, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661265/>

**Decision rationale:** The requested 1 lower endoscopy for submitted diagnosis irritable bowel syndrome as an outpatient is medically necessary. The National Center for Biotechnology Information and The National Library of Medicine published a study that suggests that current evidence does not support the routine use of blood tests, stool studies, breath tests, abdominal imaging or lower endoscopy to exclude organic gastrointestinal disease in patients with typical IBS symptoms without alarm features, with the possible exception of celiac serology testing. The injured worker has complaints of dyspepsia. The treating physician has documented immediate tenderness in the entire mid epigastrium from the umbilicus to the xiphoid and laterally several inches. The treating physician has documented previous use of Gaviscon and Prilosec. Despite previous treatment with medications, including proton pump inhibitors, the injured worker remains symptomatic. The injured worker had continued complaints of reflux, cramping, and diarrhea. Although the cited guidelines do not recommend lower endoscopy in the absence of alarm features, due to the injured worker's unresolved symptoms and advanced age, the criteria noted above has been met. Therefore, 1 lower endoscopy for submitted diagnosis irritable bowel syndrome as an outpatient is medically necessary.