MAXIMUS Federal Services

Case Number:	CM14-0212264		
Date Assigned:	01/02/2015	Date of Injury:	06/26/2011
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 48 year old female with an injury date of 06/26/11. Based on the 12/17/14 progress report provided by treating physician, the patient complains of lower back pain, left shoulder pain, right knee pain, and upper GI discomfort with medication usage - the progress note provided was hand written and largely illegible. Patient has no documented surgical history pertinent to this complaint. Physical examination 12/17/14 revealed tenderness to palpation to lumbar spine, muscle spasms of the lumbar spine, reduced range of motion, and tenderness of the left shoulder. The patient is currently prescribed Prilosec for heartburn caused by Tramadol NOTE: Tramadol specified in 06/30/14 progress report as causative medication of heartburn symptoms, its continued usage is unmentioned in later reports. Diagnostic imaging pertinent to chief complaint was not included. Progress report dated 06/30/14 indicates that patient suffers from long standing H. Pylori infection, it is unclear if treatment has been attempted to date. Patient is disabled and not working. Diagnosis 12/17/14- Lumbar sprain and strain- Lower extremity radiculopathy- Left knee sprain/strain- Left shoulder sprain/strainThe utilization review determination being challenged is dated 12/04/14The rationale follows:1) Upper GI endoscopy: "An endoscopy should be reserved for cases where there is a suspicion of peptic ulcer disease, an active GI bleed that should reveal melena and anemia, or suspicion of mass in the upper GI system."2) Polysomnogram: "This patient complains of difficulty falling asleep as well as anxiety and depression. She has not had any excessive daytime somnolence. A psychiatric component has not been ruled out."Treatment reports were provided from 06/04/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI Endoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil Medicine pages 868-74

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127; Journal Gastrointestinal Endoscopy, Volume 75, No. 6: 2012.

Decision rationale: The patient presents with GI discomfort with medication usage - the progress note provided was hand written and largely illegible. The request is for UPPER GI ENDOSCOPY. Physical examination 12/17/14 revealed tenderness to palpation to lumbar spine, muscle spasms of the lumbar spine, reduced range of motion, and tenderness of the left shoulder. No examinations pertinent to GI complaint were documented. The patient is currently prescribed Prilosec for heartburn caused by Tramadol NOTE: Tramadol specified in 06/30/14 progress report as causative medication of heartburn symptoms, its continued usage is unmentioned in later reports. Diagnostic imaging pertinent to chief complaint was not included. Progress report dated 06/30/14 indicates that patient suffers from long standing H. Pylori infection, it is unclear if treatment has been attempted to date. Patient is disabled and not working. While MTUS and ODG do not offer specific recommendations for the utilization of upper GI endoscopy, the journal Gastrointestinal Endoscopy, Volume 75, No. 6: 2012 has the following regarding indications for GI endoscopy: "EGD is generally indicated for evaluating: A. Upper abdominal symptoms that persist despite an appropriate trial of therapy... D. Esophageal reflux symptoms that persist or recur despite appropriate therapy... F. Other diseases in which the presence of upper GI pathology might modify other planned management. Examples include patients who have a history of ulcer or GI bleeding who are scheduled for organ transplantation, long-term anticoagulation or nonsteroidal antiinflammatory drug therapy for arthritis and those with cancer of the head and neck."ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."In regards to the request for an upper GI endoscopy for the evaluation of this patient's chronic complaints of heartburn and upper GI symptoms, the treating physician believes that the patient has persistent GI complaints due to medication use. The patient apparently has positive H.pylori as well. The patient has been on PPI with persistent symptoms. Given these findings the request IS medically necessary.

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (chronic)' and topic 'Polysomnography.'

Decision rationale: The patient presents with lower back pain, left shoulder pain, right knee pain, and upper GI discomfort with medication usage - the progress note provided was hand written and largely illegible. The request is for POLYSOMNOGRAM. Physical examination 12/17/14 revealed tenderness to palpation to lumbar spine, muscle spasms of the lumbar spine, reduced range of motion, and tenderness of the left shoulder. No psychological or sleep related symptoms were documented. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended."Treating physician has not provided a reason for the request. Handwritten notes were largely illegible and careful examination could not identify symptoms pertinent to a sleep complaint other than subjective pain. Furthermore, previous progress reports do not indicate that this patient has suffered from insomnia for at least six months, exhibits excessive daytime somnolence, cataplexy, intellectual deterioration, or personality change. This request IS NOT medically necessary.