

Case Number:	CM14-0216375		
Date Assigned:	01/06/2015	Date of Injury:	04/11/2012
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 was a female, who was injured on the job, April 11, 2012. The injured worker suffered a back injury to the lower or lumbar sacral area. According to the progress note, of May 12, 2014, the injured worker was temporarily totally disabled as of March 12, 2014. The injured worker was attending physical therapy for the back injury. The physical exam noted no difficulty walking, lumbar range of motion flexion 20 degrees, extension 10 degrees right lateral bending 10 degrees and left lateral bending 10 degrees, normal range of motion to hips. The injured worker was diagnosed with acute low back pain, lumbar radiculopathy and spine surgery L4-L5 decompression on January 21, 2014. On December 22, 2014, the injured worker received another set of trigger point injections to the thoracolumbar fascia bilaterally at L5 and S1. According to the progress note of December 1, 2014 the injured worker was taking Tylenol and Vicodin for pain. The laboratory studies noted an increase in liver functions and the medications were discontinued. The injured worker was instructed to take oxycodone for back pain. The documentation submitted failed to have a supporting diagnosis or documentation to support the need for an EDG or an abdominal ultra sound. On November 25, 2014, the UR denied authorization of an EGD and abdominal ultrasound. The EDG was denied according National Guidelines Clearinghouse state that the patient dyspepsia, which does not respond to empiric ZPPI therapy or have recurrent symptoms after an adequate trial, should undergo endoscopy. Regarding the abdominal ultrasound, the National Guidelines Clearinghouse state ultrasound may be useful in selected conditions, including cholecystitis, cholangitis, liver abscess,

diverticulitis, appendicitis, small-bowel inflammation or may be used to assess activity of Crohn disease Gadolinium-based contrast agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

EGD and abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Role of Endoscopy in Dyspepsia
<http://www.asge.org/assets/0/71542/71544/6D53DD97-974E-477A-B1B8-8615534E6BA6.pdf>

Decision rationale: Pursuant to gastrointestinal endoscopy (peer-reviewed journal), esophagogastrosopy and abdominal ultrasound are not medically necessary. The guidelines recommend patients with dyspepsia who are younger than 50 and without alarm features are commonly evaluated by one of three methods: 1) Noninvasive testing for H. pylori,; 2) a trial of acid suppression; or 3) an initial endoscopy. The guidelines do not contain an indication for an abdominal ultrasound. In this case, the injured workers working diagnoses are acute low back pain; lumbar radiculopathy; spine surgery L4 ? L5 decompression on January 21, 2014; and abdominal pain, unspecified site. The documentation reflects the injured worker was hospitalized on August 20 of 2013. The reason for the hospitalization was abdominal pain due to Naproxen use. The documentation does not contain the workup performed at the hospital. The documentation does not indicate whether the injured worker was having any upper or lower G.I. bleeding as a result of Naproxen. The documentation does not indicate whether an endoscopy was performed. The documentation does not indicate whether the patient was seen in the emergency room or admitted to the hospital. A G.I. consultation on November 6, 2014 had a normal physical examination with no abdominal tenderness. There was no documentation of the stool being checked, blood in the stool or negative stool. The diagnosis was unspecified abdominal pain. Consequently, absent clinical documentation with the prior work up from the hospital stay, prior diagnostic studies, prior physical examination with evidence of blood in stool, an upper G.I. endoscopy and ultrasound are not medically necessary.