

Case Number:	CM15-0145056		
Date Assigned:	08/06/2015	Date of Injury:	01/08/2008
Decision Date:	10/05/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of January 8, 2008. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for an upper endoscopy procedure. The claims administrator referenced progress notes of July 2, 2015 and June 24, 2015 in its determination. The claims administrator contented that there is no evidence that the applicant had failed medications as a first-line treatment for alleged gastrointestinal symptoms but did not seemingly elaborate further. The applicant's attorney subsequently appealed. On March 25, 2015, the applicant was placed off of work. The applicant apparently had issues with depression and sleep apnea, it was reported. The applicant was using a CPAP once or twice weekly. Ongoing complaints of shoulder, knee, and ankle pain were also reported. The applicant also had issues with gastritis present, it was suggested, not seemingly expounded upon. Prevacid, Motrin, Norco, Neurontin, aquatic therapy, diclofenac, Lidoderm patches, transportation to and from office visits, Pepcid, and a psychiatric follow-up were endorsed while the applicant was seemingly kept off of work. On April 8, 2015, it was stated that the applicant had continued upper GI symptoms despite treatment for presumed H. pylori gastritis. On June 1, 2015, the applicant was asked to eschew NSAID consumption and employ omeprazole plus antacids to ameliorate ongoing issues of reflux. It was suggested that the applicant had superimposed issues with irritable bowel syndrome. It was stated that the applicant had issues with severe heartburn consistent with reflux, incompletely treated through

Prilosec and Pepcid. The applicant also had ancillary issues with depression, it was suggested. An upper GI endoscopy was sought to further evaluate the applicant's GI symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Upper Endoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Copyright © 2012 by the American Society for Gastrointestinal Endoscopy Volume 75, No. 6 : 2012 GASTROINTESTINAL ENDOSCOPY GUIDELINE Appropriate use of GI endoscopy EGDEGD is generally indicated for evaluating: A. Upper abdominal symptoms that persist despite an appropriate trial of therapy. Esophageal reflux symptoms that persist or recur de-spite appropriate therapy.

Decision rationale: Yes, the proposed outpatient upper endoscopy was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The American Society for Gastrointestinal Endoscopy (ASGE) does acknowledge that EGD testing is indicated to evaluate upper abdominal and/or esophageal reflux symptoms, which persist or recur despite appropriate therapy. Here, contrary to what was suggested by the claims administrator, the applicant had in fact attempted a variety of treatments before the upper GI endoscopy in question was considered. The applicant had apparently tried medical therapy with Pepcid, Prilosec, Prevacid, Gaviscon, etc., it was reported on June 1, 2015. Moving forward with EGD testing to evaluate the source of the applicant's continuing symptoms was, thus, indicated. Therefore, the request was medically necessary.