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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** June 19, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Initial impedance probe (CPT code 91038).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in Internal Medicine.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

The requested initial impedance probe 91038 is not medically necessary for treatment of the patient's medical condition.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient has a history of complaints including diarrhea following a trip to xx in xx. By report, a colonoscopy on 8/13/08 was normal and upper endoscopy showed mild gastritis and mild esophagitis. The provider's notes dated 12/11/02 document abdominal pain, vomiting and diarrhea. The patient's symptoms worsened with burning, upper abdominal pain with vomiting after meals and severe fatigue. The patient tested seropositive for H. Pylori and was treated with antibiotics. On gastroscopy the patient was told she had a hiatal hernia. On repeat gastroscopy, the patient was noted to have chronic gastritis. Another provider's notes of 1/2/12 indicate the patient's symptoms include nausea, fatigue, limited diet, bloating, and severe abdominal pain. A computed tomography (CT) of the abdomen and pelvis on 1/2/12 was unremarkable. On 2/20/12, the provider noted treatment with Prilosec, Vimovo, Tramadol, and charcoal capsules. One provider states in a letter dated 4/26/12 that the patient has been referred for an outpatient pH impedance probe for the diagnosis of esophageal reflux. On that date, the patient's medications included Prevacid and Zantac. A request has been made for authorization of an initial impedance probe (CPT 91038). The URA has denied this request citing a lack of medical necessity.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The indications for multichannel intraluminal impedance (MII)-pH studies are to quantify and characterize GERD in patients with persistent symptoms while being treated with proton pump inhibitors (PPIs) with normal esophagogastroduodenoscopy (EGD) findings (Hirano, et al.). Additionally, the testing may facilitate diagnosis of reflux in patients with refractory disease (Pritchett, et al.). In the case of this patient, indications for further diagnostic testing with an impedance study include confirmation of the following: compliance and optimization of therapy; proper dosing; and esophageal pH testing (Zerbib, et al). According to the records provided for review, it is unclear if this patient's medication regimen has been consistent and optimized. Further, it has not been demonstrated that the patient has had all non-pharmacologic and psychosocial issues evaluated and managed. Moreover, the Official Disability Guidelines (ODG) do not specifically address evaluation and treatment of this patient's disease symptoms of gastritis/chronic abdominal pain. As such, an initial impedance probe (CPT code 91038) is not medically indicated for treatment of this patient's medical condition.

Therefore, I have determined the requested initial impedance probe (CPT code 91038) is not medically necessary for treatment of the patient's medical condition.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[X] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

1. Hirano, I., et al. ACG practice guidelines: esophageal reflux testing. *Am J Gastroenterol*, 2007 Mar;102(3):668-85.

2. Pritchett, J., et al. Efficacy of esophageal impedance/pH monitoring in patients with refractory gastroesophageal reflux disease, on and off therapy. *Clin Gastroenterol Hepatol*, 2009 Jul;7(7):743-8.

3. Mainie, I., et al. Acid and non-acid reflux in patients with persistent symptoms despite acid suppressive therapy: a multicentre study using combined ambulatory impedance-pH monitoring. *Gut*, 2006 Oct;55(10):1398-402.

4. Zerbib, F., et al. Esophageal pH-impedance monitoring and symptom analysis in GERD: a study in patients off and on therapy. *Am J Gastroenterol*, 2006 Sep;101(9):1956-63.

5. Tutuian, R., et al. Nonacid reflux in patients with chronic cough on acid-suppressive therapy. *Chest*, 2006 Aug;130(2):386-91.

6. Mainie, I., et al. Combined multichannel intraluminal impedance-pH monitoring to select patients with persistent gastro-esophageal reflux for laparoscopic Nissen fundoplication. *Br J Surg*, 2006 Dec;93(12):1483-7.

7. Sharma, M., et al. An analysis of persistent symptoms in acid-suppressed patients undergoing impedance-pH monitoring. *Clin Gastroenterol Hepatol*, 2008 May;6(5):521-4.

8. Kline, M., et al. The utility of intraluminal impedance in patients with gastroesophageal reflux disease-like symptoms but normal endoscopy and 24-hour pH testing. *Clin Gastroenterol Hepatol*, 2008 Aug;6(8):880-5; quiz 836.