

Case Number:	CM13-0002476		
Date Assigned:	12/11/2013	Date of Injury:	01/15/2009
Decision Date:	12/16/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/22/2013

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 46 year old male who sustained an industrial injury on 01/15/09. His history was significant for low back injury status post lumbar decompression on the left at L4-L5 and L5-S1 on 10/30/12. Treatments included physical therapy, TENS, Norco, Tramadol, Prilosec, Senna, Dendracin cream. EGD done on 06/14/13 showed mild gastritis, distal esophagitis, antral polyp and hiatal hernia. The diagnoses included L4-5 radiculopathy, possible T/S radiculopathy, thoracic extruded disc at T10 and T11, lumbar facet arthropathy, status post microlumbar discectomy and HNP T11 and T12. The clinical note from 07/03/13 was reviewed. Subjective findings included constipation and intermittent left lower quadrant pain along with loss of appetite. EGD findings were reviewed with patient. Examination showed soft epigastric/RUQ tenderness. Assessment included GERD intermittent symptoms, antral polyp, hiatal hernia, persistent RUQ/epigastric area, loss of appetite, LLQ pain intermittent and intermittent constipation. Treatment plan included increasing PPI to BID dose for 2 months, ultrasound of abdomen, CCK HIDA, high fiber diet, colonoscopy and repeat EGD. The clinical note from June 2013 also noted intermittent constipation and poor appetite for which he was started on high fiber diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colonoscopy: Overturned

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 www.uptodate.com, Etiology and evaluation of chronic constipation in adults, Endoscopy

Decision rationale: According to the evidence above, colonoscopy is recommended in patients aged more than 50 years presenting with constipation who have not previously had colon cancer screening. In patients with constipation and alarm features or constipation failing to improve with conservative treatment without an identifiable cause, a diagnostic colonoscopy is indicated. The employee had constipation that failed to improve with dietary fiber and had loss of appetite with left lower quadrant pain. Given these symptoms, the request for Colonoscopy is medically necessary and appropriate.