

<b>Case Number:</b>	CM13-0012094		
<b>Date Assigned:</b>	06/02/2014	<b>Date of Injury:</b>	08/15/2006
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Pulmonary Disease, and is licensed to practice in California. 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 injured worker is a 72-year-old male who reported an injury on 08/15/2006. The mechanism of injury was not specifically stated. Current diagnoses include adjustment disorder with mixed anxiety and depressed mood, psychological factors affecting a medical condition, major depressive disorder, hypertension, asthmatic bronchitis, hypercholesterolemia, obesity, and H. pylori infection. The latest physician progress report submitted for this review is documented on 07/02/2013. The injured worker reported an improvement in depression and anxiety symptoms. Physical examination was not provided. Treatment recommendations included continuation of the current medication regimen, including Lexapro 20 mg, Ambien CR 12.5 mg, and ativan 1 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLONOSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Colonoscopy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: U.S. National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health. Last reviewed 12 June 2013.

**Decision rationale:** According to the U.S. National Library of Medicine, a colonoscopy may be recommended to look for early signs of cancer, to look for causes of unexplained changes in bowel habits, or to evaluate symptoms such as abdominal pain, rectal bleeding, and weight loss. There was no physician progress report submitted by the requesting physician. Therefore, the medical necessity for the requested procedure has not been established. As such, the request is non-certified.