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| Case Number: | CM13-0013584 | | |
| Date Assigned: | 09/26/2013 | Date of Injury: | 02/26/2008 |
| Decision Date: | 04/01/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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 physician 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 patient is a 47-year-old injured worker who sustained an unspecified injury on 02/26/2008. The patient underwent a colonoscopy with biopsy and esophagogastroduodenoscopy with biopsy on 07/17/2013 for complaints of abdominal pain, heartburn, constipation, diarrhea, and vomiting. The endoscopic impression noted diminutive sliding hiatal hernia, gastritis, and colonic diverticulosis. Biopsies were taken at that evaluation. The document submitted for review did not have an evaluation following that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colonoscopy/endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24610007>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24610007>

Decision rationale: The alternate source listed indicates colonoscopy is recommended as a first-line diagnostic and therapeutic approach for patients with probable diverticular bleeding. Documentation submitted for review indicated the patient already underwent endoscopy and

colonoscopy with biopsy on 07/17/2013. However, the results of that biopsy were not submitted for review. Furthermore, there was no documentation of a re-evaluation following that colonoscopy. Therefore, the indication for an additional colonoscopy/endoscopy is unclear. The request for colonoscopy/endoscopy is not medically necessary and appropriate.