

Case Number:	CM13-0018975		
Date Assigned:	10/11/2013	Date of Injury:	07/15/2004
Decision Date:	11/05/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Medicine 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:

This is a 52 year old female patient who sustained a work related injury on 7/15/2004. She sustained the injury due to repetitive work. The diagnoses include cervicalgia, lumbago, gastroesophageal reflux, depression and epigastric pain. Per the doctor's note dated 8/13/13, the patient had complaints of bloating, constipation and at age 51 required a colonoscopy. Physical examination revealed no tenderness in the abdominal region, normal bowel sounds, no distention, normal examination of the liver and spleen and no ventral or umbilical hernia. The medications included Vicodin, Lyrica, Prilosec, Pantoprazole 40mg, Restoril, Levothyroxine, Hydroxyzine HCL and Cymbalta. She has had upper GI endoscopy on 6/4/13 which revealed healed erosive esophagitis; upper GI endoscopy on 3/27/13 which revealed gastritis and hiatus hernia. She had biopsy for H. pylori with negative result. She has undergone right long trigger finger release, left cubital tunnel release, bilateral carpal tunnel releases with ulnar nerve decompression at the wrist, tubal ligation and cholecystectomy. She has had urine drug screen on 4/1/13 and 5/28/13 which was consistent for opiates. She has had urine drug screen report on 3/2/13 which was inconsistent for Norco, Temazepam and Oxazepam. She has had physical therapy visits for this injury.

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 <http://gi.org/guideline/colorectal-cancer-screening>

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: Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2008;149(9):627. Levin, B, Lieberman, DA, McFarland, B, et al. Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008

Decision rationale: Per the records provided this patient was 51 year old at the time of the request for a colonoscopy. The patient had symptoms of constipation. One of the medical indications for colonoscopy is for the evaluation of symptoms of chronic constipation to rule out colon cancer. However prior to requesting a colonoscopy, the findings of 3 stool tests for occult blood were not specified in the records provided. The patient was taking opioids including Vicodin which can cause constipation. The response of the constipation to the discontinuation of the use of opioids was not specified in the records provided. The response of the constipation to simple nonprescription and prescription treatment measures were not specified in the records provided. The patient had a history of hypothyroidism (since she was taking Levothyroxine) which can also cause constipation. The status of that condition and whether it was under control with the amount of Levothyroxine that the patient was taking was not specified in the records provided. Prior to a colonoscopy, an evaluation of the symptom of chronic constipation would also involve obtaining simple blood tests like a CBC (complete blood count), TSH (thyroid stimulating hormone), CMP (complete metabolic profile) and a preliminary imaging study like an abdominal ultrasound. The results of any such tests were not specified in the records provided. A detailed gastroenterology note with a detailed evaluation of the causes of constipation in this case and a detailed rationale for requesting a colonoscopy was not specified in the records provided. The medical necessity of the request for a colonoscopy in the context of this workers compensation injury was not fully established in this patient.