

Case Number:	CM13-0030279		
Date Assigned:	11/27/2013	Date of Injury:	04/22/2002
Decision Date:	01/29/2014	UR Denial Date:	09/21/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine and has a subspecialty in Rheumatology 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 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:

This patient is a 53 year old injured worker with date of injury 4/22/2002. The mechanism of injury is not stated. The patient has been treated with chronic narcotics for orthopedic injuries, specifics of which are not included in the available medical records. The medical records reviewed dated 07/2012 through 09 2013, the patient has been diagnosed with multiple episodes of sigmoid diverticulitis and treatment thus far has included antibiotics and bowel rest. CT of the abdomen dated 09/2013 revealed mild proximal sigmoid diverticulitis. The patient has also been diagnosed with gastroesophageal reflux disease, the onset of which is not documented. Notes from September of 2013 09/2013, indicates left lower quadrant tenderness to palpation and elevated body mass index. Diagnoses include gastroesophageal reflux disease, and recurrent sigmoid diverticulitis. Treatment plan and request is for endoscopy, colonoscopy, and laparoscopic sigmoid colectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EDG and colonoscopy with anesthesia: Upheld

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 Upper endoscopy for gastroesophageal reflux disease:

best practice advice from the clinical guidelines committee of the American College of Physicians.

Decision rationale: According to the ACP guidelines cited above, the patient does not meet any of the conditions that would warrant an upper endoscopy at this time. These conditions include: the presence of alarm symptoms (anemia, weight loss, vomiting), severe erosive esophagitis on initial endoscopy, age greater than 50 with chronic GERD for more than 5 years and additional risk factors for Barrett's esophagus and GERD symptoms that persist despite treatment with a proton pump inhibitor. There is no documentation of length of duration of the symptoms and diagnosis of GERD. The patient is asymptomatic in terms of GERD while on proton pump inhibitor therapy. There is no documentation of any of these conditions being present that would warrant the pursuit of an endoscopy at this time.

Lap Sigmoid Colectomy: Upheld

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 Elective surgery after acute diverticulitis. Janes S, Meagher A, Frizelle FA. J Surg. 2005;92(2):133. Diverticulitis: a progressive disease? Do multiple recurrences predict less favorable outcomes? Chapman JR, Dozois EJ, Wolff BG, Gullerud RE, Larson DR Ann Surg

Decision rationale: There is no evidence in the provided documentation to support that laparoscopic sigmoid colectomy is medically necessary. There is increasing evidence in the medical literature as cited above, that arbitrary guidelines for the surgical management of diverticulitis, particularly recurrent diverticulitis are inappropriate. The request for surgical laparoscopic sigmoid colectomy is not indicated on the basis of lack of supporting objective evidence. The request for a Lap Sigmoid Colectomy is not medically necessary and appropriate.