MAXIMUS Federal Services

| Case Number: | CM13-0031086 | | |
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| Date Assigned: | 12/04/2013 | Date of Injury: | 12/12/2007 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 10/01/2013 |

## 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, has a subspecialty in Cardiovascular Disease 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.

## 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 53-year-old female who reported a work related injury on 12/12/2007, specific mechanism of injury not stated. The clinical note dated 08/15/2013 reports the patient was seen for gastroenterological examination. The provider documents the patient had a history of cholecystitis with a 26 cm stone in the lumen of the gallbladder. The patient reports abdominal pain and bloating. The provider is recommending the patient undergo diagnostic studies to rule out GERD and gastritis as well as duodenal and gastric ulcers. The clinical note dated 08/28/2013 reports the patient underwent an esophagogastroduodenoscopy with biopsy under the care of [redacted]. The provider documented the impression revealed gastritis and duodenitis.

## 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 Colonoscopy Diagnostic Center online resources.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation article by CarriÃ³n S, MarÃ-n I, Lorenzo-ZÃºÃ±iga V, Moreno De Vega V, & Boix J (2010), [Appropriateness of colonoscopy indications according to the new EPAGE II criteria.] Journal of Gastroenterologia y Hepatologia, 33(7), pages 484-9.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence specific rationale for the requested study. The clinical notes document the patient presents with diagnoses as follows: constipation increased with narcotics, rule out irritable bowel syndrome, diarrhea, rule out irritable bowel syndrome, fatty liver, GERD, weight loss, unsubstantiated at this time, nausea, anxiety, depression, female hypersexual dysfunction disorder, and history of idiopathic thrombocytopenic purpura. The clinical note dated 08/15/2013 reported a comprehensive report by a consulting physician and gastroenterology. The provider recommended the patient undergo an endoscopy which was performed and revealed evidence of gastritis and duodenitis. The clinical note revealed in 04/2013, the patient underwent a colonoscopy and was subsequently diagnosed with gastritis. A repeat of this diagnostic study is not indicated at this point in the patient's treatment. As there was no specific rationale provided. California MTUS, ODG, and ACOEM Guidelines do not specifically address the current request. A journal article entitled, Appropriateness of Colonoscopy Indications According to the New EPAGE II Criteria indicates, "94% of colonoscopies were evaluated, the most frequent indication for colonoscopy was screening of colorectal cancer." The clinical notes fail to evidence why the patient requires a subsequent colonoscopy less than a year status post the one performed in 04/2013. Given all of the above, the request for colonoscopy is not medically necessary or appropriate.

**Pre-op profile:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-Pre-operative clearance/testing.

**Decision rationale:** The current request is not supported. As the clinical notes fail to evidence a rationale or support for the patient to undergo a colonoscopy at this point in the patient's treatment, the request for pre-op profile prior to colonoscopy is not supported. Additionally, the provider fails to document the specific testing indicated or requested. Given all of the above, the request for pre-op profile is not medically necessary or appropriate.