

Case Number:	CM13-0035903		
Date Assigned:	12/13/2013	Date of Injury:	05/18/1994
Decision Date:	02/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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, has a subspecialty in Colon and Rectal Surgery, and is licensed to practice in California and 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 44-year-old male who reported an injury on 5/18/94. The patient is diagnosed with neurogenic spastic bowel, neck pain, COAT, subarachnoid hemorrhage, C5-7 level with central cord syndrome, neurogenic bladder, anxiety, low back pain, depression, failed back surgery syndrome, constipation, degenerative disc disease, sacroiliitis, chronic pain, asthma, urinary incontinence, and erectile dysfunction. The patient was seen by [REDACTED] on 8/13/13. The patient denied constipation, diarrhea, weight loss, fevers, chills, vomiting, or abdominal bloating. Physical examination revealed no tenderness to palpation of the abdomen, no distention, no rebound, no guarding, and no rigidity.

IMR ISSUES, DECISIONS AND RATIONALES

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

colonoscopy with biopsy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lieberman DA, Rex DK, Winawer SJ, Giardiello FM, Johnson DA, Levin TR. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer. Gastroenterology. 2012 Sep; 143(3):844-57. [

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health. Last reviewed 12 June 2013.

Decision rationale: Colonoscopy may be recommended for evaluation of early signs of cancer in the colon or rectum, to evaluate causes of unexplained changes in bowel habits, or to evaluate symptoms such as abdominal pain, rectal bleeding, and weight loss. The patient does not demonstrate any of the above mentioned symptoms that would warrant the need for a colonoscopy. The patient's physical examination is within normal limits. A surveillance colonoscopy would be indicated at this time interval if the patient had a documented adenomatous or hyperplastic polyp. Given that the patient has previously undergone a colonoscopy for complaints of left upper quadrant abdominal pain, and the patient does not currently report symptomatic abdominal discomfort, nor demonstrate abnormality of physical examination, the medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Probiotic Colon's Health: 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 Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. As per the clinical notes submitted, the patient currently utilizes multiple medications included Amitiza, bisacodyl suppository, MiraLax, and senna laxative. The patient does not report symptoms of constipation, diarrhea, weight loss, fever, chills, nausea, vomiting, or abdominal bloating. The patient's physical examination is within normal limits. The medical necessity for the requested medication has not been established. Based on the clinical information received, the request is non-certified.