

Case Number:	CM13-0038840		
Date Assigned:	12/18/2013	Date of Injury:	11/08/2004
Decision Date:	06/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

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 General Surgery 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:

The claimant sustained an industrial work injury on 11/08/2004. The mechanism of injury was not provided for review. Her diagnoses include chronic right shoulder pain, chronic tension headaches, anxiety/depression, pre-existing ulcerative colitis by history, possibly in remission with probable component of irritable bowel syndrome and obesity. She was diagnosed with chronic ulcerative colitis in either 1991 or 1992. She was placed on Hyoscyamine with excellent results. Allegedly, she was stable with her disease until shortly after a serious emotional and physical experience that involved a patient she was transporting. Chronic ulcerative colitis symptoms were exacerbated and, although had been under control and only noted with anxiety situations prior, become more and more frequent following the work place injury in 2004. This accepted injury has resulted in a need for frequent and multiple health care with a supported diagnosis of PTSD. Psyche treatment has necessarily been rather intensive. The Gastroenterologist, [REDACTED], has requested colonoscopy be done. This has not been authorized based upon the fact that no records of prior colonoscopy dates or results have been provided to the carrier/reviewer(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DIAGNOSTIC OR SERVICES; COLONOSCOPY: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons American Society of Colon and Rectal Surgery American College of Gastroenterology

Decision rationale: This patient's history and symptoms are totally consistent with chronic ulcerative colitis. She reports frequent episodes of lower abdominal crampy pain with diarrhea and not uncommonly associated hematochezia. There also is at times a history consistent with irritable bowel syndrome. Her chronic ulcerative colitis symptoms appear to have stabilized on Sulfasalazine (Consistent with the diagnosis of chronic ulcerative colitis). It is generally accepted that chronic inflammatory bowel disease, to include chronic ulcerative colitis and Crohn's disease, is never cured. It may be associated with remissions of varying duration. By history, this patient has never been off treatment for that diagnosis since it was made. Any patient with a diagnosis of inflammatory bowel disease is considered to be at an increased risk for developing colorectal cancer after carrying the diagnosis for 8 years or more. After that period of time the patient should have surveillance colonoscopy every one to two years. This is the recommendation of The American Society of Colon and Rectal Surgeons, The American College of Surgeons, as well as other nationally accepted Health Care advisory groups such that it is the standard of care. This IW has stress-exacerbated chronic ulcerative colitis. It is known, per the history as provided by the injured worker (and the symptoms are consistent with), that the diagnosis of chronic ulcerative colitis was made in the early 1990's. The medical records that have been provided to this reviewer refer back to at least 2011. There has not been a colonoscopic examination from 2011 to the date of the request for colonoscopy. Treatment of the exacerbated chronic ulcerative colitis has been accepted as work related. Therefore, the request for surveillance Colonoscopy must be certified on three bases: 1) Standard of care in a normal 53 year old patient; 2) Standard of care in a patient with a history of rectal bleeding and; (3) Standard of care for surveillance in a patient with a history of chronic ulcerative colitis after 8 years of carrying that diagnosis. Medical necessity for the requested service has been established. Therefore, the request for outpatient diagnostic or services; colonoscopy is medically necessary and appropriate.