

Case Number:	CM13-0040127		
Date Assigned:	12/20/2013	Date of Injury:	09/25/2010
Decision Date:	06/02/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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:

The injured worker is a 56 year old male with a report of injury on September 25, 2010, to the lower back. The mechanism of injury is reported as lifting dense weight. The MRI of the lumbar spine dated 10/16/12 revealed post-surgical changes at L3-4 and L4-5. A right sided dorsal deformity was identified at the thecal sac at L3-4 and L4-5. The clinical note dated 12/12/12 indicates the patient showing a multi-level lumbar decompression for cauda equina syndrome. The patient continued with complaints of low back pain. There is an indication the patient is having difficulty with the genitourinary system at that time. Pain was identified at the proximal posterolateral calf region radiating to the front of the right knee. A clinical note dated 11/13/12 indicates bowel incontinence secondary to cauda equina syndrome. The qualified medical examination dated 01/23/13 indicates the patient states the initial injury occurred when he was lifting sacks of rice weighing approximately 100 lbs. resulting in a shooting pain in both legs as well as weakness. The patient also had complaints of an inability to fully void. The note indicates the patient continuing with persistent complaints of urinary leakage as well as fecal leakage. The patient stated that he had difficulty with losing control of his bowels until it's too late. The patient also reported difficulty maintaining an erection. The clinical note dated 03/14/13 indicates the patient showing a marked increase in bowel and bladder dysfunction over the last several months prior to the office visit. The note indicates the patient utilizing adult diapers on a continuous basis. The clinical note dated 06/07/13 indicates MRI of the lumbar spine which revealed no evidence of significant compression of the cauda equina. The patient was recommended for an evaluation by a gastroenterologist. The clinical note dated 08/09/13 indicates the patient continuing with complaints of difficulty controlling his bowel movements. The patient also had complaints of a sensation of incomplete emptying. The patient stated that he has bowel movements and then shortly after has an episode of incontinence. The clinical notes

rectal discomfort, blood in stool, epigastric pain, burning, and tenderness. The patient was recommended for lab studies. The abdominal x-ray dated 08/12/13 revealed essentially normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

A COLONOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cancer connect, Interval between Colonoscopies May be Shorter than Recommended (accessed 2 June 2011) and Kittiphon Nagaviroj, MD, Woon Chai Yong, MD, Konrad Fassbender, PhD, George Zhu, MS, Doreen Oneschuk, MD. Journal of Pain and Symptom Management. Volume 42, Issue 2, August 2011, Pages 222-228. Comparison of the Constipation Assessment Scale and Plain Abdominal Radiography in the Assessment of Constipation in Advanced Cancer Patients.

Decision rationale: The documentation indicates the patient complaining of epigastric pain along with periodic blood identified with some bowel movements. A colonoscopy is indicated provided the patient meets specific criteria to include completion of all conservative treatments. No information was submitted regarding the patient's use of medications addressing the epigastric complaints. Additionally, no lab studies were submitted for review indicating the possible medical need for a colonoscopy. Given that no information was submitted confirming the need for a colonoscopy, this request is not indicated as medically necessary. As such, the request for a colonoscopy, flexible, proximal to splenic flexure; diagnostic with or without collection of specimens by brushing or washing, with or without colon decompression is not recommended as medically necessary.