

<b>Case Number:</b>	CM13-0049775		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 is a 50-year-old male who sustained an industrial injury on 10/26/2000. The mechanism of injury was not provided for review. His diagnoses include neck pain and low back pain with lumbar radiculopathy. He has had recent complaints of abdominal pain and diarrhea. There was no physical exam provided for review. Treatment has consisted of medical therapy including opiates. The treating provider has requested an esophagogastroduodenoscopy, colonoscopy, and a GI consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE ESOPHAGOGASTRODUODENOSCOPY:** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Indications for Upper Endoscopy.

**Decision rationale:** There was no specific indication for an upper endoscopy. Diagnostic evaluation for signs or symptoms suggestive of upper GI disease (eg, dyspepsia, dysphagia, noncardiac chest pain, recurrent emesis). Surveillance for upper GI cancer in high-risk settings

(eg, Barrett esophagus, polyposis syndromes) Biopsy for known or suggested upper GI disease (eg, malabsorption syndromes, neoplasms, infections). Therapeutic intervention (eg, retrieval of foreign bodies, control of hemorrhage, dilatation or stenting of stricture, ablation of neoplasms, gastrostomy placement). The documentation indicates the patient is stable on Omeprazole in combination with Celebrex. He has no increased symptoms that would warrant an endoscopy at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**ONE COLONOSCOPY:** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Indications for colonoscopy.

**Decision rationale:** There is no indication for colonoscopy at this time. There has been no evaluation including a rectal exam performed. Per the reviewed literature, colonoscopy is indicated to evaluate asymptomatic patients with a positive occult blood test (performed as part of a screening program), and patients with abdominal pain associated with a change in bowel habits for > 6weeks. The study is also used to evaluate overt rectal bleeding and to diagnoses and assess inflammatory bowel disease. Colonoscopy at age 50 is recommended for screening for colorectal cancer. The patient does not require colonoscopy on the basis of his present symptoms. A screening colonoscopy would be indicated given his age (50) but this is not related to the industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**ONE REFERRAL TO GASTROINTESTINAL SPECIALIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

**Decision rationale:** There is no documentation provided necessitating a Gastroenterology consultation. Per the medical records, the claimant has complaints of abdominal pain and diarrhea. The documentation indicates the patient's symptoms are stable on his present medical therapy ( Omeprazole in conjunction with Celebrex). Per the reviewed guidelines, referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. There is no clear indication for the requested Gastroenterology consultation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.