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| Case Number: | CM13-0050909 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/18/2003 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 Geriatric 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 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 injured worker is a 41 year old man with a history of dyspepsia and hypertension. . He was seen by his physician on 8/22/13. His date of injury was 8/18/03 and he has diagnoses which include status post left shoulder surgery, cervical spine disc bulges, thoracic spine strain, lumbar spine disc extrusion with radiculopathy, right shoulder and elbow strain, left elbow strain, right knee internal derangement, compensatory left knee and ankle strain and right knee surgery. He was status post right shoulder surgery on 6/28/13. His medications include anti-hypertensives and prior notes indicate that he also takes soma and tramadol. Of note during this visit was that his dyspepsia was well controlled with tagamet and prilosec. He has reflux symptoms tow days per week and "it can be severe". He reported occasional bright red blood in his stool and his bowels are irregular with diarrhea at least once per week, alternating with constipation . His physical exam was significant for normal vital signs. His abdomen was non-tender with normal bowel sounds and no palpable organs or masses. His diagnoses included rhinitis, gastroesophageal reflux disease, irritable bowel syndrome, hypertension, neurogenic sexual dysfunction, insomnia, headaches, TMJ syndrome, neurologic issues and orthopedic diagnoses which were deferred. Authorization was requested for an esophagogastroduodenoscopy and colonoscopy to 'treat the applicant's reflux symptoms and to further evaluate the blood in his stools'. These tests are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophagogastroduodenoscopy (EGD): 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 Page(s): 60. Decision based on Non-MTUS Citation UpToDate: Approach to the Adult with Dyspepsia

Decision rationale: At issue in this injured worker is an EGD to treat the applicant's reflux symptoms and to further evaluate the blood in his stools. The records do not document that the worker is taking NSAIDs which could cause dyspepsia per the MTUS. He is already prescribed prilosec and tagamet. He does not have any alarming symptoms other than occasional bright red blood in his stool to warrant upper endoscopy. These would include age older than 55 years with new-onset dyspepsia, family history of upper gastrointestinal cancer, unintended weight loss, gastrointestinal bleeding, progressive dysphagia, odynophagia, unexplained iron deficiency anemia, persistent vomiting, palpable mass or lymphadenopathy or jaundice. Endoscopic evaluation of patients with dyspepsia without alarm features provides a very small additional benefit over a strategy to test and treat for H. pylori and is unlikely to be cost-effective. It is therefore reserved for patients with persistent symptoms despite antisecretory therapy and H. pylori testing/treatment. The records do not support the medical necessity of an EGD.

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 UpToDate: Approach to minimal bright red blood per rectum in adults.

Decision rationale: At issue in this injured worker is a colonoscopy to further evaluate the blood in his stool. The records do not document a careful history to address the etiology of the rectal bleeding nor a physical examination to evaluate for hemorrhoids, anal fissure or ulcer or proctitis, all of which are potential causes. Additionally, lab studies were not performed to assess for anemia. This individual did not have any red flags to warrant colonoscopy. This would include anemia, dark red blood per rectum or melena, symptoms suggestive of malignancy, hemocult positive stools or family history of colon cancer or familial polyposis. As this worker is 41 years old, with minimal bright red blood per rectum and does not appear to be at increased risk of colorectal cancer based upon presentation and history, a sigmoidoscopy or less invasive test could be performed. The records do not support medical necessity for a colonoscopy.