

<b>Case Number:</b>	CM14-0111298		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/18/1995
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 patient is a 44-year-old female with a date of injury on 09/18/1995. On 06/07/2011, she had back surgery - removal of hardware. There is no history of GI surgery. On 04/29/2014, she had epigastric pain and left upper quadrant pain radiating to her back. Three to four times a week she had food lodging in her mid-chest. She is treated with Nexium for reflux and to prevent GI ulcer. Rectal exam was normal. Stool was negative. She has constipation and her medication included Norco 10/325 QID, Valium 5 mg BID, Flexeril, Lyrica and Amitiza. Amitiza has helped the constipation. She has a long history of a heart murmur and mitral valve prolapsed. She developed renal stones the past few weeks. She has chronic back pain. On abdominal exam there are no masses. Liver and spleen are normal. Murphy's sign is equivocal. There is no ascites. EKG was normal. Kristalose with water was prescribed. Ejection fraction was 65%. There was no documentation of incontinence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Harrison's Principles of Internal Medicine, 18th Edition. 2011.

**Decision rationale:** There are no MTUS, ACOEM or ODG criteria/guidelines for a colonoscopy. She is younger than age 50 and does not meet criteria for a routine screening colonoscopy. There is no family history of colon cancer documented. She did not have recent surgery associated with incontinence. Incontinence is not present. Stool was heme negative and rectal exam was normal. There was no abdominal mass noted. There is no documentation of iron deficiency anemia. Most important, she has chronic back pain and a recent renal stone and she is treated with Noroc 10/325 QID which causes constipation. There was no trial of treatment for constipation noted - increased activity, increased water, fruits, fiber, vegetables and juice in the diet. She was to be started on Kristalose which is similar to lactulose and is highly effective. The record did not reveal her response to Kristalose. There is insufficient documentation to substantiate the medical necessity of a colonoscopy at his point in time.