

<b>Case Number:</b>	CM14-0170326		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/30/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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 (IW) is a 39-year-old man who sustained an industrial injury on April 30, 2011. The IW fell from a six-story building down to the fifth floor and sustained multiple injuries involving his back as well as his pelvic fractures. The IW has completed 6 acupuncture sessions as of May of 2014. The earliest note available in the medical record was dated March of 2014. The IW did not have any complaints of rectal bleed, or gastrointestinal symptoms at that time. Pursuant to the progress note dated May 19, 2014, the states that he continues to have rectal bleeding every 2 months. On occasion, the bleeding will last as long as 6 days. He denied dizziness and syncope. He notes a "ball when I wipe my bottom". He notes features of constipation whereby he eliminates only small amounts of feces. He has to strain. When he strains, he feels that the rectal bleeding increases. The IW saw an internist who diagnosed him with H. pylori infection. The review of symptoms is positive for stomach aches, heartburn, and bloating secondary to medication. There is bleeding with bowel movements. Examination revealed moderate epigastric tenderness; there is left mid abdominal tenderness, no abnormal masses, no ascites; liver, spleen, and kidneys are not enlarged. The provider notes that there is no evidence of rectal hemorrhoids. An internal rectal examination was not performed. The IW was diagnosed with gastroesophageal reflux disease/gastritis - H. pylori microorganism positive; rectal bleeding; and rule-out obstructive sleep apnea. Current medications according to a written prescription dated July 5, 2014 include Prazosin 1mg, Trazodone 50mg, and Prozac 40mg. The provider recommends a colonoscopy, a polysomnogram, and an upper GI endoscopy due to constipation from medication, and clinical features of internal hemorrhoids that are caused by constipation and straining with bowel movements.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual 2011, Procedures Adult Colonoscopy

**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: <http://www.gastrohep.com/ebooks/ebook.asp?book=1405120800&id=2>

**Decision rationale:** Pursuant to the peer-reviewed evidence guidelines (see attached link), the colonoscopy was not medically necessary. Indications for colonoscopy have expanded over the years. Report of blood on the toilet tissue is invariably from an anal source. However if blood was passed into the toilet, there is no reliable way to distinguish an anal source from a colonic source and no reliable way to distinguish a distal colonic source from a proximal colonic source. Certain features, such as blood dripping from the anus after bowel movements are more often associated with anal source but not always separate needle from colonic sources. In this case, a progress note dated May 19, 2014, indicates that the applicant continues to experience rectal bleeding every two months. On occasion the bleeding lasts as long as six days. The injured worker claims he has "features of constipation". There was moderate epigastric tenderness on physical examination, left midline tenderness and no evidence of external hemorrhoids. There was no rectal exam performed to check for bleeding. There was no indication in the medical record as to the exact date of onset for rectal bleeding and constipation. Consequently, it is unclear whether the symptoms predate the date of injury or whether they are truly causally related to medication induced constipation. The earliest progress note in the medical record is dated March 2014. There was no mention of rectal bleeding or constipation in that progress note. A blood test was performed and the hemoglobin was normal at 17.3. Additionally, a review of the medical record for medications noted the injured worker did not recall specific names of medications but was taking medications for sleep, for nightmares and for depression. There was a prescription present in the medical records which showed a Prazosin, Trazodone and Prozac prescription. While any medication may cause constipation it is unclear whether these medications are responsible. Also, there is no documentation as to the causality of these medications documented by the treating physician. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, the request for colonoscopy is not medically necessary.