

Case Number:	CM14-0061262		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2009
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 claimant is a 36 year old male who sustained an industrial injury on 03/19/2009. The mechanism of injury was not provided for review. His diagnoses include low back pain- s/p anterior and posterior L5-S1 fusion in 2010 and s/p revision decompression L5-S1 and lumbar hardware removal L5-S1 with exploration of fusion 2012, and GERD related to medication. On exam he has an antalgic gait and there is tenderness in the lumbar paraspinous regions. The treating provider has requested a colonoscopy.

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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Indications for Colonoscopy.

Decision rationale: Colonoscopy enables visual inspection of the entire large bowel from the distal rectum to the cecum. The procedure is a safe and effective means of evaluating the large bowel. The technology for colonoscopy has evolved to provide a very clear image of the mucosa

through a video camera attached to the end of the scope. Screening for and follow-up of colorectal cancer are among the indications for colonoscopy. It is indicated for colorectal cancer screening, evaluation and removal of polyps and the diagnosis and management of inflammatory bowel disease. In the case of lower gastrointestinal (GI) bleeding, colonoscopy can be useful to not only localize the site of bleeding but also as a potential for therapeutic intervention. The procedure can also be used for colon decompression in the case of a volvulus. The claimant has no indication for a colonoscopy on the basis of his industrial injuries. His complaints are related to GERD from his medications. There is no history of diarrhea, melena or hematochezia. The medical necessity for the requested service has not been established. The requested service is not medically necessary.