

Case Number:	CM14-0082157		
Date Assigned:	07/21/2014	Date of Injury:	07/21/2013
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 47-year-old who sustained an industrial injury on July 21, 2013. The mechanism of injury was not provided for review. His diagnoses include lumbar disc disease at L5-S1, right lower extremity radicular pain, cervical strain, and bilateral upper extremity radicular pain. He complains of neck and lower back pain. He has also had constipation and some episodic rectal bleeding with drops of blood seen on the toilet paper. on exam he has limited range of cervical and lumbar motion. Spurling's test is positive on the right and there is decreased sensation in the C6-C8 distribution bilaterally. Straight leg was positive bilaterally and there was decreased sensation in the right L5 nerve root. Reflex were +2 bilaterally. Treatment has consisted of medical therapy including Tylenol # 3 and topical compounds and evaluation by internal Medicine. 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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/775407-workup,Hemorrhoids-Workup>.

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, not on an individual basis). Patients with abdominal pain associated with a change in bowel habit to looser for greater than six weeks, over the age of 50, or under the age of 50, if there is no response to symptomatic treatment, and patients with overt rectal bleeding. Repeated episodes of dark red bleeding, irrespective of age. The documentation indicates that no complete evaluation has been performed. The patient has no associated symptoms of weight loss, melena, or hematochezia. Medical necessity for the requested item has not been established. The requested colonoscopy is not medically necessary or appropriate.