

Case Number:	CM14-0187542		
Date Assigned:	11/17/2014	Date of Injury:	12/09/2011
Decision Date:	01/06/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 51-year-old woman with a date of injury of December 9, 2011. The mechanism occurred as a result of cumulative trauma working as a chocolate factory line worker. She gradually developed pain, numbness, tingling and swelling in her right hand, wrist and elbow. She was diagnosed with carpal tunnel syndrome and tendinitis. Pursuant to the Gastroenterology Consultation note dated June 20, 2014, the documentation indicates that the IW has been taking narcotics, NSAIDs, and Celebrex for pain. She developed abdominal pain, acid reflux, constipation, passing blood per rectum, and weight gain since on disability. Review of symptoms was negative. Physical examination revealed normal bowel sounds and no hepatosplenomegaly. The rest of the physical examination was also negative. A rectal examination was not performed. The IW was diagnosed with abdominal pain, esophageal reflux, constipation, and rectal/anal hemorrhage. Recommendations include: Schedule for colonoscopy and EGD. Medications to be prescribed: None.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophagogastroduodenoscopy: 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 <http://www.asge.org/assets/0/71542/71544/28549c5c-8b0e-4050-a588-11791c75ceb2.pdf>

Decision rationale: Pursuant to the American Society for Gastrointestinal Endoscopy, Esophagogastroduodenoscopy (EGD) is not medically necessary. G.I. endoscopy is generally indicated when there is a change in management probable based on the results of endoscopy; after an empirical trial of therapy for suspected benign digestive disorder have been unsuccessful; as the initial method of evaluation as an alternative to radiographic studies; and when the primary therapeutic procedure is contemplated. For additional details see attached link. In this case, there is a G.I. consultation dated June 20, 2014. The history states the injured workers 51 years old and is being treated for carpal tunnel syndrome and tendinitis since 2011. The injured worker is taking opiates, nonsteroidal anti-inflammatory drugs and Celebrex for pain. She developed abdominal pain, acid reflux, constipation and then blood per rectum. The history is incomplete because it doesn't state whether constipation was a pre-existing problem or opiate induced, whether there is a history of prior bleeding or any other GI related complaints. The injured worker's past medical history and review of systems was unremarkable. Physical examination was unremarkable. There was no rectal examination performed during the physical examination and consequently, there was no way to know whether there was any G.I. bleeding. An updated more recent report was requested to determine if the injured worker had continued abdominal pain and lower G.I. bleeding. The report was never submitted for review. There was no evidence of any upper G.I. bleeding or hematemesis or coffee grounds. The injured worker was hemodynamically stable with a blood pressure 135/79, heart rate of 76, respirations of 17. There were no other vital signs in the medical record. Consequently, absent the appropriate documentation establishing a causal relationship and a follow-up consultation/documentation indicating whether bleeding was persistent, the esophagogastroduodenoscopy was not medically necessary.

Colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/colonoscopy>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.gastrohep.com/ebooks/ebook.asp?book=1405120800&id=2>

Decision rationale: Pursuant to the Online Resource for Gastroenterology, Hepatology And Endoscopy, colonoscopy is not medically necessary. If blood is 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 do not always separate anal from colonic sources. See attached link for additional details. In this case, a G.I. consult dated June 20, 2014 provides the sole history regarding the G.I. bleeding. The injured worker is 51 years old and is being treated for carpal tunnel syndrome and tendinitis since 2011. The brief history states the injured worker developed abdominal pain, acid reflux,

constipation and then blood per rectum. The history does not relate whether constipation was a pre-existing problem, or whether there was a history of prior G.I. bleeding from constipation or whether this was the only episode. The physical examination was unremarkable. There was no rectal examination performed and consequently, there was no way to know whether there was any active G.I. bleeding. An updated more recent report was requested (for follow-up) to determine if the injured worker had continued abdominal pain and lower G.I. bleeding. The physician's report was never submitted for review. Consequently there was no evidence of additional or persistent lower G.I. bleeding. Additionally, there was no causal relationship established between the industrial injury and lower G.I. bleeding. Injured worker was hemodynamically stable with a blood pressure of 135/79 and a heart rate of 76. There were no other subsequent vital signs taken in the medical record. There was no other documentation of persistent or recurrent lower G.I. bleeding. Consequently, the colonoscopy is not medically necessary.