

Case Number:	CM14-0197191		
Date Assigned:	12/05/2014	Date of Injury:	03/09/2009
Decision Date:	01/21/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

This patient is a 34-year-old male with the date of injury of March 9, 2009. The patient is status post motor vehicle accident 2009 causing complete spinal cord injury and is status post thoracic fusion from 2/26/14. According to progress report dated September 17, 2014, the patient reports continued pain and bowel incontinence. The patient reports that he has had a cystoscopy performed for his neurogenic bladder. Physical examination revealed extremities are without clubbing, cyanosis, or edema. There was no volitional movement below the T10 myotome. "Sensation is intact and up to and including the T10 dermatome with transition T11, T12. Absent sensation L1 distally."The list of diagnoses are:1. T10 class paraplegia2. Neurogenic bowel3. History of skin breakdown4. Recent extensive low back surgery5. Chronic musculoskeletal and neuropathic pain6. History of bowel incontinence7. Mild occasional hemorrhoid bleedingTreatment requests for G.I. consultation, colonoscopy and SCI fit therapy. Utilization review denied the request on November 20, 2014. Treatment reports from July 28 through September 17, 2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

G.I consultation QTY#1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, G.I consultation

Decision rationale: This patient presents with continued pain and issues s/p extensive low back surgery and is class a paraplegia following a motor vehicle accident. The current request is for GI consultation qty 1. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Report dated 9/19/14 states that the patient has "pressure ulcer, stage 111." Given the patient's multiple clinical problems, including ulcers, a GI consult is reasonable and supported by ACOEM. This request is medically necessary.

Colonoscopy QTY #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with continued pain and issues s/p extensive low back surgery and is class a paraplegia following a motor vehicle accident. The current request is for a Colonoscopy. The treating physician is recommending a colonoscopy "in view of frequent bowel accidents." The ACOEM, MTUS and ODG guidelines do not address colonoscopies. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, the patient has ulcers and history of bowel incontinence. There is no indication of a prior colonoscopy. Given the patient's clinical issues, the requested colonoscopy is medically necessary.

SCI fit therapy (unspecified frequency or duration): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: According to <http://www.sci-fit.org>, SCI-FIT (Spinal Cord Injury Functional Integrated Therapy)

Decision rationale: This patient presents with continued pain and issues s/p extensive low back surgery and is class a paraplegia following a motor vehicle accident. The current request is for a

SCI fit therapy (unspecified frequency or duration). Request for Authorization (RFA) states SCI fit therapy is to "increase strengthen, increase flexibility & function." According to <http://www.sci-fit.org> "SCI-FIT (Spinal Cord Injury Functional Integrated Therapy) specializes in nontraditional spinal cord injury rehabilitation. In this case, the treating physician does not discuss why the patient is unable to rehabilitate, "to strengthen, increase flexibility & function," with an in-clinic physical therapist. In addition, there is no specifics of the program, including duration and goals. The requested SCI fit therapy is not medically necessary.