

<b>Case Number:</b>	CM14-0064709		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 General Surgeon, has a subspecialty in General Surgeon, 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 is a 53-year-old female who reported an injury on 03/02/2006. The mechanism of injury was not submitted for clinical review. The diagnoses included failed back syndrome, depression, gastroesophageal reflux disease, status post lumbar laminectomy, history of rectal bleeding possibly secondary to hemorrhoids, rule out anal fissure. The previous treatments included medication and physical therapy. Diagnostic testing included an MRI. On 05/16/2014, it was reported that the injured worker complained of anal pain and rectal bleeding. The injured worker complained of pain in the abdomen after using nonsteroidal anti-inflammatory agents. The injured worker reported having a history of colonoscopic examinations with internal hemorrhoids, a single hyperplastic polyp was found in the ascending colon (which was removed), and mild diverticulosis was noted. On physical examination, the provider noted the abdomen was soft and nontender. No masses were noted. In the most recent clinical documentation dated 11/10/2014, it was reported the injured worker complained of low back pain radiating down the bilateral legs, including numbness and tingling. The physical examination noted left knee lateral joint line tenderness. Range of motion was 0 to 134 degrees. There was a positive McMurray's test. A request was submitted for an outpatient colonoscopy to rule out anal fissures. The Request for Authorization was submitted and dated 04/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient 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: American Society of Colon & Rectal Surgeons, Colonoscopy, online data base, [http://www.fascrs.org/patients/treatments\\_and\\_screenings/colonoscopy](http://www.fascrs.org/patients/treatments_and_screenings/colonoscopy)

**Decision rationale:** The request for an outpatient colonoscopy is not medically necessary. The American Society of Colon and Rectal Surgeons states a colonoscopy is a safe and effective method of examining the full lining of the colon and rectum, using a flexible tubular instrument. It is used to diagnose colon and rectum problems and to perform biopsies and remove colon polyps. Most colonoscopies are done on an outpatient basis with minimal inconvenience and comfort. Colonoscopies are recommended in injured workers who are over the age of 50 as a part of a colorectal cancer screening program. Those with a family history of colorectal cancer, unexplained abdominal symptoms, inflammatory bowel disease. Examine patients who test positive for blood in stool. The clinical documentation submitted lacked significant objective findings of abdominal symptoms or irritable bowel disease. There was a lack of documentation of positive blood in the stool. There was a lack of significant documentation indicating the injured worker to have personal or family history of colon cancer. Additionally, there was a lack of objective findings indicating the injured worker had bleeding. Therefore, the request is not medically necessary.