

<b>Case Number:</b>	CM15-0002837		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old man sustained an industrial injury on 10/10/2013. The mechanism of injury is not detailed. Current diagnoses includes paraplegia following spinal cord injury and low back pain. Treatment has included oral medications, gastrointestinal specialist consultation, pain management specialist, and spinal cord stimulator. Pain specialist notes dated 11/12/2014 show a pain rating of 8/10. The worker has a colonoscopy scheduled for 11/25/2014. No recommendations are noted at this time. Physician notes on a PR-2 dated 12/18/2014 states that the worker requires a caregiver to manually evacuate his bowel and complains of feeling of incomplete bowel evacuation. The worker continues to have bloating and constipation despite bowel care twice per day. A request was made for consultation for parasteem bowel irrigation system. On 12/24/2014, Utilization Review evaluated a prescription for consultation with [REDACTED] for Parasteem bowel irrigation system, that was submitted on 1/6/2015. The UR physician noted that there was insufficient documentation to establish a basis for consultation. There is no history, objective findings, or course of treatment so far. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with [REDACTED] for, Parasteem Bowel irrigation system: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** This patient presents with constipation, bloating, and abdominal pain with cramping. The treater is requesting CONSULTATION WITH [REDACTED] FOR PARASTEEM BOWEL IRRIGATION SYSTEM. The RFA was not made available. The patient's date of injury is from 10/10/2013 and his current work status was not made available. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 10/11/2014 report notes that the patient has not had a bowel movement for 3 days with cramps. He complains of severe pain located in the generalized abdomen area. Examination shows the abdomen is large, tense and distended, bowel sounds are decreased. There is tenderness with palpation of all 4 quadrants. The 10/12/2014 report notes severe constipation and abdominal pain. The patient has not had any bowel movements for the past 4 days with associated increasing abdominal cramps, mild nausea, but no vomiting. The treater references a CT scan of the abdominal and pelvic area that showed a large amount of stool distending the colon as well but no obstructive lesion seen. X-ray of the abdomen shows some air fluid level with obstipation. There is large amount of stool in the colon. The records do not show any previous consultation with [REDACTED] for parasteem bowel irrigation system. In this case, given the patient's significant abdominal pain and evidence of a distending colon with a large amount of stool, the request IS medically necessary.