

Case Number:	CM15-0100938		
Date Assigned:	06/03/2015	Date of Injury:	12/29/2006
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 53 year old female patient who sustained an injury on December 29, 2006. The current diagnoses include constipation. Per the note dated 3/30/15, she had complaints of lumbar pain. The physical examination revealed restricted range of motion. Per the progress note dated February 24, 2015 she had drug induced constipation; epigastric pain; hiatus hernia, blood in urine, elevated LFT's, bladder incontinence and high blood pressure. She had epigastric pain and vomiting since 6-7 years. The physical examination revealed marked obesity, normal percussion and auscultation of the abdomen; no abdominal tenderness. The medication s list includes opana, prevacid, atenolol and cymbalta. Treatments to date have included medications for pain and constipation. She has had prior ultrasound which revealed fatty liver. She has undergone lumbar laminectomy on 8/28/2009. The medical record identifies that she has experienced constipation for five to six years despite medical treatment and has not had a prior colonoscopy. She was prescribed miralax, colace and dietary advice for constipation. She has had lab tests on 11/24/2014 including CBC, CMP and urine culture. The treating physician documented a plan of care that included 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: Decision based on MTUS Chronic Pain Treatment Guidelines <http://s3.gi.org/media/QualityColonoscopy.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement. AUU.S. Preventive Services Task Force SO Ann Intern Med. 2008; 149(9):627. Levin, B, Lieberman, DA, McFarland, B, et al. Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline From the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology, Gastroenterology, 134(5), 2008. Copyright ©2008 Elsevier.

Decision rationale: Per the records provided this patient was 53 year old at the time of the request for a colonoscopy. The pt had symptoms of constipation. One of the medical indications for colonoscopy is for the evaluation of symptoms of chronic constipation to rule out colon cancer. However prior to requesting a colonoscopy, the findings of 3 stool tests for occult blood were not specified in the records provided. The pt was taking opioids including opana which can cause constipation. The response of the constipation to the discontinuation of the use of opioids was not specified in the records provided. She was prescribed miralax, colace and dietary advice for constipation. Response to these measures for constipation is not specified in the records provided. Prior to a colonoscopy, an evaluation of the symptom of chronic constipation would also involve obtaining simple blood tests like a CBC (complete blood count), TSH (thyroid stimulating hormone), CMP (complete metabolic profile) and a preliminary imaging study like an abdominal ultrasound. The result of a test for thyroid function like a TSH test was not specified in the records provided. A colonoscopy is also recommended as a routine screening procedure after the age of 50 years once in 10 years. However the rationale for requesting a routine preventive screening service in the context of a worker's compensation injury was not specified in the records provided. The request for a colonoscopy in the context of this workers compensation injury is not medically necessary and was not fully established in this patient.