

Case Number:	CM15-0189305		
Date Assigned:	10/01/2015	Date of Injury:	08/30/2010
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old, female who sustained a work related injury on 8-30-10. A review of the medical records shows she is being treated for abdominal pain, acid reflux and diarrhea. Current medications include probiotics, Losartan, Eliquis, Clonidine and Trazadone. In the progress notes, the injured worker reports no changes in abdominal pain, acid reflux and diarrhea. On physical exam dated 6-4-15, abdomen is soft with normoactive bowel sounds. No documentation of working status. The treatment plan includes a referral for a psychological consultation. In the Utilization Review dated 9-1-15, the requested treatment of fecal occult blood tests x 3 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory test: FOBT (Fecal Occult Blood Test), quantity: 3: 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 UpToDate.com.

Decision rationale: This 48 year old female has complained of abdominal pain, acid reflux and diarrhea since date of injury 8/30/2010. She has been treated with medications. The current request is for FOBT (Fecal Occult Blood Test), qty 3. Per the guidelines cited above, FOBT is not recommended as a solitary test (as is currently being requested) for the detection of colorectal neoplasia. On the basis of the available medical records and per the guidelines cited above, FOBT (Fecal Occult Blood Test), quantity: 3 is not indicated as medically necessary.