

Case Number:	CM15-0189407		
Date Assigned:	10/01/2015	Date of Injury:	04/27/2007
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

injured worker is a 46 year old female who sustained an industrial injury on 4-27-07. A request for authorization is dated 8-7-15 and notes rectal bleeding as a diagnosis. A computerized tomography of the abdomen without contrast dated 6-3-15, reveals an impression of no evidence of any bowel obstruction, no significant lymphadenopathy within the abdomen, and findings are consistent with a 7mm cyst within the liver. In a follow up psychopharmacology evaluation dated 6-1-15, the injured worker complains of stomach pain secondary to adhesions and constipation. In an initial and comprehensive gastroenterology evaluation dated 6-2-15, the abdomen is noted to be soft and moderately tender on palpation of the left side from the midleft lower quadrant all the way to the pubic area. There is tenderness over the other sides of the abdomen as well but not as significant at the left lower quadrant. No masses are palpable and no hepatosplenomegaly is noted. Bowel sounds are present. The preliminary impression is noted as left lower quadrant pain of uncertain etiology; rule out adhesion and inflammatory process subsequent to intra-abdominal surgery for fusion surgery at dorsolumbar disc; rule out irritable bowel syndrome; doubt condition such as colitis or diverticulitis, possible underlying irritable bowel syndrome aggravated by anxiety and stress, constipation multifactorial mostly aggravated by use of strong analgesic narcotics, lack of physical activity, hydration and depression, hyperlipidemia, severe anxiety and depression, and history of childhood asthma. She has been taking Linzess for complaint of constipation. It was suggested she increase liquid intake, use Metamucil versus Miralax or Linzess, take in more fiber and vegetables, and decrease strong analgesics as much as possible. She is prescribed Hyoscyamine 0.125mg every 6 hours for abdominal pain possibly related to irritable bowel syndrome. In a progress report

dated 7-20-15, the physician notes she was evaluated by the gastrointestinal consultant and was prescribed Hyoscyamine which she has been taking for 2-3 weeks. She reports she is not certain it resolved all of her symptoms but felt some relief with less bloating and cramping. The physician plans to do a colonoscopy on 8-4-15. The requested treatment of a colonoscopy was non-certified on 8-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Colonoscopy (Through [REDACTED]): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/colonoscopy/basics/definition/PRC-20013624>.

Decision rationale: The requested 1 Colonoscopy (Through [REDACTED]), is medically necessary. CA MTUS and ODG are silent on this issue. <http://www.mayoclinic.org/tests-procedures/colonoscopy/basics/definition/PRC-20013624> recommend this procedure to detect colonic disease. The treating physician has documented rectal bleeding as a diagnosis. A computerized tomography of the abdomen without contrast dated 6-3-15, reveals an impression of no evidence of any bowel obstruction, no significant lymphadenopathy within the abdomen, and findings are consistent with a 7mm cyst within the liver. In a follow up psychopharmacology evaluation dated 6-1-15, the injured worker complains of stomach pain secondary to adhesions and constipation. In an initial and comprehensive gastroenterology evaluation dated 6-2-15, the abdomen is noted to be soft and moderately tender on palpation of the left side from the midleft lower quadrant all the way to the pubic area. There is tenderness over the other sides of the abdomen as well but not as significant at the left lower quadrant. No masses are palpable and no hepatosplenomegaly is noted. Bowel sounds are present. The preliminary impression is noted as left lower quadrant pain of uncertain etiology; rule out adhesion and inflammatory process subsequent to intra-abdominal surgery for fusion surgery at dorsolumbar disc; rule out irritable bowel syndrome; doubt condition such as colitis or diverticulitis, possible underlying irritable bowel syndrome aggravated by anxiety and stress, constipation multifactorial mostly aggravated by use of strong analgesic narcotics, lack of physical activity, hydration and depression, hyperlipidemia, severe anxiety and depression, and history of childhood asthma. She has been taking Linzess for complaint of constipation. It was suggested she increase liquid intake, use Metamucil versus Miralax or Linzess, take in more fiber and vegetables, and decrease strong analgesics as much as possible. She is prescribed Hyoscyamine 0.125mg every 6 hours for abdominal pain possibly related to irritable bowel syndrome. In a progress report dated 7-20-15, the physician notes she was evaluated by the gastrointestinal consultant and was prescribed Hyoscyamine, which she has been taking for 2-3 weeks. She reports she is not certain it resolved all of her symptoms but felt some relief with less bloating and cramping. The treating physician has documented sufficient symptoms to establish

the medical necessity for this diagnostic procedure. The criteria noted above having been met, 1
Colonoscopy (Through [REDACTED]) is medically necessary.