

Case Number:	CM15-0190745		
Date Assigned:	10/02/2015	Date of Injury:	07/30/2010
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 33 year old male, who sustained an industrial-work injury on 7-30-10. He reported initial complaints of low back pain with radiation to right lower extremity. The injured worker was diagnosed as having lumbosacral sprain-strain radiculopathy, depression, diarrhea, and GERD (gastroesophageal reflux disease). Treatment to date has included medication, diagnostics, and consultation. Currently, the injured worker complains of chronic (4 years duration) diarrhea, worse over the last 2 months, less bilateral upper quadrant pain but had side pain, and GERD (gastroesophageal reflux disease). He also experienced more panic attacks and more headaches and neck pains. Nexium and antacid was taken for the symptoms. Other medications include Lyrica, Celebrex, Hydrocodone-Acetaminophen, Amitriptyline, Xanax, Lomotil, and Dexilant. Per the gastroenterology physician on 8-31-15, exam noted no weight loss, negative for dysphagia, nausea, and vomiting. Current plan of care includes diagnostic labs and diagnostic studies. The Request for Authorization requested service to include Flexible Diagnostic Sigmoidoscopy. The Utilization Review on 9-8-15 denied the request for Flexible Diagnostic Sigmoidoscopy, per <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004337>.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexible Diagnostic Sigmoidoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/6731414>; <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004337>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: The following are the usual indications for flexible sigmoidoscopy: Screening for colorectal cancer, preoperative evaluation before anorectal surgery , surveillance of a previously diagnosed (treated or untreated) malignancy (or polyp with high-grade dysplasia) in the rectum or the sigmoid colon , local treatment of ailments such as radiation proctitis , removal of rectal foreign bodies, biopsy of the gastrointestinal (GI) pathology in the rectum and the sigmoid colon, performance of therapeutic procedures such as endoluminal stent placement for strictures, balloon dilation, and decompression with placement of a decompression tube, however a conventional colonoscopy is often commonly used, and hematochezia necessitating hemostasis. In this case, the patient has GERD and diarrhea. There is no documentation of melena or bright red blood per rectum. There is no specific indication for the requested flexible sigmoidoscopy. Medical necessity for the requested procedure is not established; the requested procedure is not medically necessary.