

Case Number:	CM15-0192679		
Date Assigned:	10/06/2015	Date of Injury:	12/12/2013
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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:

This 72 year old female sustained an industrial injury on 12-12-13. Documentation indicated that the injured worker was receiving treatment for a spinal cord injury. The injured worker underwent lumbar surgery in January 2014. The injured worker was admitted to a rehabilitation facility for approximately 100 days following surgery. The injured worker received postoperative physical therapy, required a wheelchair for ambulation and gradually loss control of her urination and defecation. The injured worker underwent a neurology evaluation in September 2014 and was diagnosed with moderately severe paraparesis and decreased sensation in the lower extremities. In a PR-2 dated 5-27-15, the physician noted that the injured worker had not been having bowel movements unless it was digitally removed. The treatment plan included a bowel program every other day or as needed. In a PR-2 dated 7-28-15, physical exam was remarkable for stage one ischial pressure sores. The injured worker was unable to ambulate without assistive devices and could only ambulate for short distances. The physician noted that the injured worker was permanently totally disabled as her condition was not likely to improve and that the injured worker required 24 hour care to provide for turning every two hours, diaper changes and assistance to use the bathroom at night. In a PR-2 dated 8-26-15, physical exam was remarkable for was unchanged with ongoing stage one ischial pressure sores. The injured worker had been getting weekly skin checks and reported improvement. The treatment plan included changing the bowel program to daily routine instead of every other day or as needed. On 9-16-15, Utilization Review noncertified a request for bowel program changed from every other day or as needed to daily routine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doctor requesting bowel program changed from every other day or as needed to daily routing: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment.

Decision rationale: This patient is undergoing treatment for spinal cord injury with permanent disability requiring 24 hour care to include diaper changes although she is able to ambulate short distances. MTUS states "Prophylactic treatment of constipation should be initiated." ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate recommends "other laxatives", such as sennosides (which the patient is taking), for patients who response poorly to fiber, or who do not tolerate it. The medical records fail to reveal what sort of bowel regimen the patient has, if it is manual disimpaction, oral medication or enemas. The records fail to demonstrate how often the patient is going. As there is no description as to how the patient is being treated, the request for Doctor requesting bowel program changed from every other day or as needed to daily routing is not medically necessary.