

Case Number:	CM15-0041583		
Date Assigned:	03/11/2015	Date of Injury:	11/26/2001
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: District of Columbia, Virginia
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 51 year old female, who sustained an industrial injury on 11/26/2001. She reported a back injury. The injured worker is currently diagnosed as having chronic pain, history of spinal surgery, depression, and post-laminectomy syndrome. Treatment to date has included back surgery and medications. It also states that about two months after her procedure on 05/23/2010, she began to have a lot of right upper quadrant discomfort and was diagnosed with biliary dyskinesia after a hepatobiliary iminodiacetic acid scan was performed. In a progress note dated 01/27/2015, the injured worker presented with complaints of abdominal pain to right upper quadrant. The treating physician reported ordering a hepatobiliary scan, hepatobiliary iminodiacetic acid scan, esophagogastroduodenoscopy, and colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepato Biliary Scan, Endoscopy, Colonoscopy: 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 <http://emedicine.medscape.com/article/1819350->

overview<http://emedicine.medscape.com/article/1851864-overview>
overview<http://emedicine.medscape.com/article/171886-workup>.

Decision rationale: This patient had abdominal pain. Per review of the clinical data, it is not apparent why any of these diagnostic procedures were indicated. A hepatobiliary scan would be indicated for acalculous cholecystitis. There is no indication, from the clinical data provided, that this was a concern regarding this patient. Some of these procedures are invasive and are associated with procedural risks. None of them would be indicated to assess abdominal pain.

Indication for endoscopy: Diagnostic evaluation for signs or symptoms suggestive of upper GI disease (eg, dyspepsia, dysphagia, noncardiac chest pain, recurrent emesis) Surveillance for upper GI cancer in high-risk settings (eg, Barrett esophagus, [1] polyposis syndromes) Biopsy for known or suggested upper GI disease (eg, malabsorption syndromes, neoplasms, infections) Therapeutic intervention (eg, retrieval of foreign bodies, control of hemorrhage, dilatation or stenting of stricture, ablation of neoplasms, gastrostomy placement)

Colonoscopy indication: Colonoscopy enables visual inspection of the entire large bowel from the distal rectum to the cecum (see the images below). The procedure is a safe and effective means of evaluating the large bowel. The technology for colonoscopy has evolved to provide a very clear image of the mucosa through a video camera attached to the end of the scope. The camera connects to a computer, which can store and print color images selected during the procedure. Use for: Evaluation and removal of polyps, Colorectal cancer screening in average-risk adults, Current or previous bowel resection for colon cancer, Family history of cancer Management of inflammatory bowel disease, Identification of acute bleeding sites, Decompression of colon,

Hepatobiliary scan: HBS has been found to be up to 95% accurate in diagnosing acute cholecystitis. The reported sensitivities and specificities of biliary scintigraphy are in the range of 90-100% and 85-95%. (See the following 2 images.) In a typical study, the gallbladder, common bile duct, and small bowel fill within 30-45 minutes. If the gallbladder is not visualized, intravenous morphine administration can improve the accuracy of HBS by increasing resistance to flow through the sphincter of Oddi, resulting in filling of the gallbladder if the cystic duct is patent. The addition of morphine also reduces the number of false-positive scan results observed in patients who are critically ill and immobilized with viscous bile.