MAXIMUS Federal Services

Case Number:	CM15-0042868		
Date Assigned:	03/13/2015	Date of Injury:	09/09/1998
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 43 year old male, who sustained an industrial injury on 9/9/1998. The diagnoses have included chronic pain syndrome, hemorrhoids and obstipation secondary to opioids. Treatment to date has included medication. A pain management report dated 12/1/2014 documents that the injured worker was using Proctosol gel. It was noted that colonoscopy had been recommended. According to the progress report dated 1/6/2015, the injured worker complained of constant neck achy pain, constant lower back pain with pressure, stomach pain with burning sensation, constant inguinal pain, constant prostate pain with pressure, constant sharp bladder pain, constant pressure bilateral hand pain, constant bilateral leg achy pain and occasional blood per rectum. Objective findings revealed abdomen was mildly distended and there was tenderness in the lower abdomen. Current medications included omeprazole and sucralfate. The treatment plan was to continue hemorrhoid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 general surgery evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Parameters for the management of hemorrhoids (revised). Dis Colon Rectum 2005 Feb;48(2):189-94. [41 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: treatment of hemorrhoids.

Decision rationale: This injured worker has a history of internal hemorrhoids, rectal bleeding and obstipation secondary to opiods. A colonoscopy was pending for further evaluation and this was recommended 'before any surgery is undertaken' per a note in 10/14. Per the American Gastroenterological Association, surgery should be recommended only for a small minority of patients which might include those who have failed medical and nonoperative therapy, those with symptomatic third-degree, fourth-degree, or mixed internal and external hemorrhoids or symptomatic hemorrhoids in the presence of a concomitant anorectal condition that requires surgery or finally, patient preference after discussion of the treatment options with the referring physician and surgeon. The records do not document a rationale for surgical referral that meets these criteria. The medical necessity of a general surgery evaluation is not substantiated in the records.