

Case Number:	CM15-0051446		
Date Assigned:	03/24/2015	Date of Injury:	04/25/2007
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 51 year old male who sustained a work related injury April 25, 2007. According to a treating physician's progress report, dated January 13, 2015, the injured worker presented relatively unchanged, with residual low back pain and no radicular symptoms. He complains of abdominal pain and bloating without weight loss or blood in stools and has 1-2 bowel movements daily. Diagnoses are s/p multiple lumbar injuries and s/p L4-S1 fusion residual interbody cage L4-5. Treatment plan included continue medications as needed, continue home stretches, and requests for EGD (esophagealgastroduodenal scope) and colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.mdguidelines.com/colonoscopy>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rex DK, Quality indicators for colonoscopy. Gastrointest Endosc. 2015 Jan;81(1):31-53. Epub 2014 Dec 2.

Decision rationale: The MTUS and ODG are silent on the use of colonoscopy. The current indications for colonoscopy are listed below; Signs/symptoms. Abnormal imaging. Lower gastrointestinal bleeding and unexplained iron deficiency anemia. Lower gastrointestinal symptoms (eg, chronic diarrhea). Screening/surveillance. Colon polyp. Colon cancer. Inflammatory bowel disease. Therapeutic. Polypectomy. Localization of lesion. Foreign body removal. Decompression of sigmoid volvulus. Decompression of colonic pseudo-obstruction. Balloon dilation of strictures. Palliative treatment of bleeding or stenosed neoplasms. Placement of percutaneous endoscopic cecostomy tube. In this case, the medical records fail to indicate any of the above indications. As such, the request for 1 colonoscopy is not medically necessary.