

<b>Case Number:</b>	CM15-0055888		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 58 year old male who sustained an industrial injury on 06/04/2009. He reported lower back pain and tenderness in the lower abdominal quadrants on examination. The injured worker was diagnosed as having: 1. Degenerative disc disease with facet arthropathy and retrolisthesis L2-L3 L4-5 and L5-S1; 2. Canal stenosis including L4-5 mild canal stenosis; 3. Neural foraminal narrowing L2-3 mild caudal right and L4-5 mild left neural foraminal narrowing. Treatment to date has included Norco for pain control, Omeprazole for GI prophylaxis, and chronic anti-inflammatory medication use. An epidural steroid injection is planned. A colonoscopy was done on 01/29/2015 for the preoperative diagnosis of abdominal pain/rectal bleeding. The worker has a history of prostate cancer treatment and will need a clearance from his oncologist for epidural steroid injections. Currently, the injured worker complains of neck and low back pain. Part of his treatment plan that includes epidural steroid injection targeting the right L4 and L5 nerve roots. A request for authorization was made on 02/23/2015 for retrospective preoperative consultation and testing performed on 1/19/15. The diagnoses at the time of the request included pre-op anemia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective preoperative consultation and testing performed on 1/19/15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with lower back pain and tenderness in the lower abdominal quadrants on examination. The request is for RETROSPECTIVE PREOPERATIVE CONSULTATION AND TESTING PERFORMED ON 1/19/15. The RFA provided is dated 02/23/15 and the patient's date of injury is 06/04/09. Per 01/19/15 report, the patient has a diagnoses of preoperative consultation for colonoscopy studies, analgesic induced constipation, history of prostate cancer, anemia and impaired fasting glucose. Treatment to date has included Norco for pain control, Omeprazole for GI prophylaxis, and chronic anti-inflammatory medication use and an epidural steroid injection performed on 02/13/15. The patient's medications include Tamoxifen, Omeprazole, Lisinopril, Norco and Bicalutamide. The patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psycho social factors are present, or when the plan or course of care may benefit from additional expertise. The ACOEM, MTUS and ODG guidelines do not address colonoscopies. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. A colonoscopy was done on 01/19/2015 for the preoperative diagnosis of abdominal pain/rectal bleeding. Per 01/19/15 report, at the time of the consultation, treater states, "the patient has had a history of gastrointestinal problems and is able to undergo the proposed colonoscopy studies." There is no indication of a prior colonoscopy. The request for the colonoscopy study appears to be reasonable. As for the preoperative consultation, ACOEM guidelines support referral to a specialist to aid in complex issues. Given the patient's clinical issues, the retrospective request for the preoperative consultation and colonoscopy test performed on 01/19/15 appears to have been appropriate and therefore, IS medically necessary.