

<b>Case Number:</b>	CM15-0085079		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, 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 52 year old female, who sustained an industrial injury on 05/25/2011. According to a Doctor's First Report of Occupational Injury dated 02/27/2014, subjective complaints included cramps, abdominal pain and alternation of diarrhea and constipation. The provider noted that chronic pain and medications for her injury aggravated her irritable bowel syndrome, hypertension and headache. Treatment plan included Donnatal and Metamucil. According to a progress report dated 03/12/2015, subjective complaints included irritable bowel syndrome with diarrhea three days a week and bright red blood per rectum daily. Objective findings only noted blood pressure of 120/80 mm/hg. Treatment plan included a colonoscopy. On 03/19/2015, the provider requested authorization for a colonoscopy with a diagnosis of abdominal pain. Currently under review is the request for a colonoscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colonoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004337>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 52 year old female has complained of abdominal pain, diarrhea and constipation since date of injury 5/25/11. She has been treated with medications. The current request is for colonoscopy. There is inadequate documentation in the available provider records regarding subjective and objective findings to support the request for colonoscopy. On the basis of the available documentation and per the guidelines cited above, colonoscopy is not medically necessary.