

Case Number:	CM13-0060803		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2011
Decision Date:	09/26/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year old union organizer reported injuries to her neck, back, L shoulder, L elbow, both hands and wrists, and L arm after a motor vehicle accident on 12/12/11. Treatment has included medications including ibuprofen and Tylenol with codeine, physical therapy, acupuncture, injections, and L elbow surgery. Authorization for L shoulder surgery has been requested. The patient's past medical history is remarkable for diabetes. She has not worked since her accident and is totally disabled. An AME performed an evaluation on 5/7/13, and documented a history and physical findings. The history was notable for "gastrointestinal diagnosed in 2001". The patient had had 3 C-sections and an appendectomy in the past. She had a colonoscopy in 2003 for unclear reasons, apparently due to her symptoms at the time. She also had an upper GI endoscopy the same year for Metformin-associated GI symptoms. It revealed gastritis, for which she has been taking Nexium ever since. She also continues to take Metformin. The patient's current GI symptoms consisted of abdominal pain and cramps, nausea with occasional vomiting, and constipation (bowel movement every 2-3 days). The patient attributed these symptoms to taking ibuprofen for six months and to ongoing Tylenol with codeine, which she takes 3 times per day. Abdominal exam revealed "multiple small nodules in the epigastric area and left upper quadrant", which the AME stated were non-industrial and should be evaluated by her primary care physician. She had slight R upper quadrant tenderness and an equivocal Murphy's sign. He reviewed abdominal ultrasound reports, which showed she had no abdominal aortic aneurysm or gallstones. He listed a plethora of diagnoses, which included the following GI diagnoses: rule out gastritis, and constipation. He stated that he needed the results of the previous colonoscopy "because the applicant has severe constipation and it would be helpful to determine whether there are any colon abnormalities". He stated that "options regarding upper gastrointestinal endoscopy and colonoscopy are referral" to a physician who had "performed procedures in the

past". He did not specifically state that he recommended such a referral. The patient's primary treater saw her on 10/30/14. His note documented that she "continues with gastritis and constipation". He performed no abdominal or rectal exam. He requested an upper GI endoscopy and colonoscopy without giving any rationale except "as recommended by AME". A request for authorization of a colonoscopy was made on 11/11/13 and denied in UR on 11/19/13. A request for IMR of this decision was generated on 11/26/13.

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 Interqual. Book View. CP: Procedures Adult - Colonoscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 3 Initial Approaches to Treatment Page(s): 43-44; 79-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Upto Date, an online evidence-based review service for clinicians (www.uptodate.com), Etiology and Evaluation of Chronic Constipation in Adults.

Decision rationale: The ACOEM Guidelines cited above state that determining whether a patient suffers from a pathologic condition may not always be straightforward. Workers may believe that they have a physical injury when the real problem is a lack of fit with their job duties. Such workers often may have multiple symptoms with non-specific physical findings. Performing multiple procedures and tests in this setting is described as an incomplete or inaccurate approach to patient assessment that may set the stage for the prolongation of medical care, delayed recovery and the development of a range of behaviors by the patient in order to prove that there is a real injury that precludes return to work. In cases of delayed recovery and prolonged time away from work, the clinician should determine whether specific obstacles are preventing the patient from returning to work. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert recommendations. The clinician should always think about differential diagnoses. This should involve stepping back and reevaluating the patient and the entire clinical picture. Symptoms or physical findings that have developed since the injury may not be consistent with the original diagnosis. A detailed history and physical exam should be conducted. Appropriate studies may be performed. Per the second reference, constipation is often treated on the basis of a patient's impression that there is a disturbance in bowel function. The only clear, measurable definition of constipation is a stool frequency of less than three per week. Constipation may be caused by multiple neurologic and metabolic disorders, including diabetes. It is a common side effect of drugs, especially opiates. The initial evaluation of the patient with chronic constipation includes a careful history and physical examination. Laboratory evaluation, endoscopic evaluation and radiology studies should be performed only in selected individuals. The clinical findings in this case include multiple symptoms and non-specific findings. Many tests have been performed without yielding clear diagnoses. Multiple treatments have not resulted in any functional recovery. The primary

treater has not stepped back and re-evaluated the patient and the clinical picture in the setting of symptoms of constipation. Such an evaluation is particularly important in this case, as it is not even clear that this patient has true constipation. Clearly she does not have severe constipation. Even if she does have some constipation there are multiple possible causes, the most obvious of which are her daily codeine intake and her diabetes. No one has asked this patient to log stool frequency, which she reports to be every 2-3 days, and would not meet the definition of constipation (less than 3 stools per week). No one has performed a rectal exam. The first and most obvious intervention has not been made, which would be to discontinue the Tylenol with codeine, particularly since it has produced no functional recovery. Lacking that, an obvious intervention would be to add a laxative to the patient's regimen. It is inexplicable why neither of these interventions has been attempted. A colonoscopy performed in the setting of incomplete evaluation will undoubtedly reinforce the patient's perception that she is injured and unable to work, and prolong her treatment and disability. Based on the evidence-based guidelines cited above and the clinical findings in this case, a colonoscopy is not medically indicated. A colonoscopy is not medically necessary because an appropriate assessment of the patient has not been performed; and it is not clear that a colonoscopy is indicated, would clarify the patient's diagnosis, and do no harm to the patient.