

<b>Case Number:</b>	CM14-0111206		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Internal 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:

The patient is a 52 year old female who was injured on 12/29/2006. The mechanism of injury is unknown. Her past medications included Oxymorphone, Atenolol, Cymbalta and Prevacid. Diagnostic studies reviewed include EDG (date unknown) revealed gastritis and hiatal hernia. She also has a history of H. Pylori treatment. CT of the abdomen dated 09/18/2013 revealed small sliding type hernia. On 05/21/2014, the patient was seen by [REDACTED] for abdominal pain and constipation with elevated liver function tests. The patient is taking opioid medication for her pain related to her injury which causes the side effect constipation. The patient was referred to a GI specialist for colonoscopy, medications and laboratory testing. Prior utilization review dated 06/30/2014 states the request for Colonoscopy with Biopsy and MAC Anesthesia is denied as based on evidence submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Colonoscopy with Biopsy and MAC Anesthesia: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://s3.gi.org/media/QualityColonoscopy.pdf>, Quality indicators for colonoscopy American Journal of Gastroenterology 2006; 101: 873-885

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503 and Other Medical Treatment Guideline or Medical Evidence:  
[https://www.bcidaho.com/providers/medical\\_policies/sur/mp\\_70201.asp](https://www.bcidaho.com/providers/medical_policies/sur/mp_70201.asp)

**Decision rationale:** The guidelines recommend colonoscopy to evaluate for certain diseases such as inflammatory bowel disease, acute or occult GI bleeding, or screening for colon cancer. The clinical documents provided did not adequately discuss the indication for colonoscopy. The documents stated the patient had epigastric burning and constipation. These are likely related to gastritis and chronic opioid use. There does not appear to be any red flag signs/symptoms which would warrant urgent colonoscopy. Given the lack of clinical information it is unclear why colonoscopy is being requested at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.