

Case Number:	CM14-0120265		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2010
Decision Date:	10/20/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine & Rehabilitation 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 54-year-old male who has submitted a claim for Regional enteritis of unspecified site associated with an industrial injury date of July 1, 2010. Medical records from 2014 were reviewed. A progress note dated 7/9/2014 which showed that the patient complained of abdominal pain, bleeding and diarrhea. Patient was diagnosed with Crohn's disease 40 years ago and was stable the last five years without any medication until recent episode of pain. Abdominal examination revealed normal shape, no guarding, no tenderness, no masses, normal bowel sounds, and no hepatosplenomegaly. The abdomen was flat, soft and without rebound tenderness. Treatment to date has included surgical resection and medications. An elective surgery is being considered. Utilization review from July 23, 2014 denied the request for colonoscopy because there is insufficient information presented to associate the GI status and symptoms with industrial condition.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Donowitz M., et al. Evaluation of patients with chronic diarrhea. New England Journal of Medicine.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the New England Journal of Medicine (NEJM) was used instead. According to the NEJM, the outpatient evaluation of chronic diarrhea includes two stages. The first stage necessitates the use of stool studies, blood studies, radiologic studies, sigmoidoscopy, and other tests. Colonoscopy is included in stage 2 and is only done if stage 1 diagnostics are unrevealing. In this case, the patient, a known Crohn's disease case, presented with GI symptoms including diarrhea. The records provided do not show that the stage 1 diagnostics have already been done. Therefore, at this point, a colonoscopy is not yet warranted. Therefore, the request for a colonoscopy is not medically necessary.