MAXIMUS Federal Services

Case Number:	CM14-0113557		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2002
Decision Date:	07/22/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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, Indiana, New
York Certification(s)/Specialty: Internal Medicine

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 46 year old male, who sustained an industrial injury on September 26, 2002. He reported epigastric pain, constipation and hematochezia for six years since an industrial back injury in which he required narcotics and non-steroidal anti-inflammatories. The injured worker was diagnosed as having status post lumbar fusion, hematochezia, epigastric abdominal pain, elevated liver function tests and constipation. Treatment to date has included diagnostic studies, radiographic imaging, cholecystectomy, hernia surgery, medications and work restrictions. Currently, the injured worker complains of continued low back pain, left leg pain, testicular pain, constipation, hematochezia and epigastric pain radiating to the back. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain or associated symptoms. Evaluation on May 12, 2104, revealed continued pain and symptoms as noted. He continued to require pain medications and was on medications to protect the stomach. Evaluation on June 11, 2014, revealed continued symptoms as noted. A 3 band GEC was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 3 band (GEC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Rivadeneira DE, Steele SR, Ternent C, Chalasani S, Bule WD, Rafferty JL, Standards Practice Task Force of the American Society of Colon and Rectal Surgeons. Practice parameters for the management of hemorrhoids (revised 2010) Dis Colon Rectum. 2011 Sept 54 (9): 1059-64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.fascrs.org/sites/default/files/downloads/publication/practice_parameters_for_the_m anagement_of_hemorrhoids.pdf.

Decision rationale: Pursuant to Practice Parameters for the Management of Hemorrhoids, prospective request for three band (GEC) is not medically necessary. Dietary modification consisting of adequate fluid and fiber intake is the primary first-line non-operative therapy for patients with symptomatic hemorrhoid disease. In this case, the injured worker's working diagnoses are hematochezia, epigastric abdominal pain, elevated liver function tests, and constipation. The documentation contains a single progress note by the treating gastroenterologist. Progress note dated May 12, 2014 contains a clinical indication and request for a colonoscopy. The worker underwent a colonoscopy. The injured worker was noted to have internal hemorrhoids and two polyps that were removed. The request for authorization is dated July 7, 2014. There are no contemporaneous progress notes on or about the date of request of authorization. Although the documentation states the injured worker uses Linzess and Mirilax, there is no clinical indication or rationale for hemorrhoidal banding. There is no documentation indicating dietary modification with adequate fluid and fiber intake has failed. Consequently, absent clinical documentation indicating dietary modification with adequate fluids and fiber intake has failed, clinical rationale for hemorrhoidal banding based on the failure and contemporaneous progress note documentation on or about the date of request for authorization, prospective request for three band (GEC) is not medically necessary.