

Case Number:	CM14-0213062		
Date Assigned:	12/30/2014	Date of Injury:	01/19/2012
Decision Date:	02/27/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/19/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48-year-old gentleman with a date of injury of 01/19/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician history and physical report dated 03/04/2014 indicated the worker was experiencing recent bloating, gas pain, and thin stools that stopped without treatment. The documented examination described no significant abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from T2N0 upper rectal cancer. Treatment recommendations included a carcinoembryonic antigen (CEA) blood test every three months for two years then every six months, yearly endoscopy, and yearly colonoscopy. A Utilization Review decision was rendered on 11/29/2014 recommending non-certification for the carcinoembryonic antigen (CEA) blood test every six months and a colonoscopy. Colonoscopy and pathology reports dated 05/09/2014 was also reviewed.

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 National Cancer Institute of the National Institutes of Health. Rectal cancer treatment: Healthcare professional. Accessed 02/18/2015, <http://www.cancer.gov/cancertopics/pdq/treatment/rectal/HealthProfessional/page4>. Moy B, et al. Surveillance after colorectal cancer resection. Topic 2493, version 39.0. UpToDate, accessed 02/18/2015

Decision rationale: The MTUS Guidelines are silent on this issue. The literature has clearly demonstrated that those with prior colorectal cancer are at increased risk for the cancer coming back, and surveillance with colonoscopy is beneficial. A large study demonstrated that monitoring every three years provided similar benefit as yearly monitoring. The submitted and reviewed documentation concluded the worker was suffering from stage I T2N0 upper rectal cancer. The worker had a colonoscopy on 05/09/2014; however, there was no discussion describing special circumstances that sufficiently supported yearly surveillance with colonoscopy. In the absence of such evidence, the request for a colonoscopy is not medically necessary.

CEA test every 6 months: 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 National Cancer Institute of the National Institutes of Health. Rectal cancer treatment: Healthcare professional. Accessed 02/18/2015, <http://www.cancer.gov/cancertopics/pdq/treatment/rectal/HealthProfessional/page4>. Moy B, et al. Surveillance after colorectal cancer resection. Topic 2493, version 39.0. UpToDate, accessed 02/18/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The carcinoembryonic antigen (CEA) blood test has limited accuracy and is reserved for those with stage II or III rectal cancer for monitoring every two to three months for at least two years after the cancer diagnosis and for those who would be candidates for surgical treatment of cancer that went to the liver. The American Society of Clinical Oncology (ASCO) and almost all other accepted international Guidelines and do not recommend this test for those who had stage I cancer. The submitted and reviewed documentation concluded the worker was suffering from stage I T2N0 upper rectal cancer. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the request for the carcinoembryonic antigen (CEA) blood test every six months is not medically necessary.