

Case Number:	CM15-0016821		
Date Assigned:	02/05/2015	Date of Injury:	11/01/2012
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: District of Columbia, Virginia
 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 54 year old male, who sustained an industrial injury on 11/01/2012-11/01/2013. The diagnoses have included constipation and bright red blood per rectum. Treatments to date have included chiropractic therapy, physical therapy, exercises, and epidural steroid injection for his cervical and lumbar spine, along with medications. Diagnostics to date have included diagnostic abdominal ultrasound on 07/23/2014 which was remarkable for a right upper lobe renal cyst. In a progress note dated 11/20/2014, the injured worker presented with complaints of abdominal pain with improving constipation (with medications). The treating physician reported a colonoscopy is pending scheduling at this time and advised the injured worker to avoid non-steroidal anti-inflammatory drugs. Utilization Review determination on 12/30/2014 non-certified the request for Colonoscopy. Guidelines were not listed on Utilization Review report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colonoscopy: Overturned

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 1. <http://www.uptodate.com/contents/overview-of-colonoscopy-in-adults#H133249366> 2.<http://emedicine.medscape.com/article/1819350-overview> 3. <http://www.ncbi.nlm.nih.gov/pubmed/8316919>

Decision rationale: MTUS and ACOEM do not address this intervention; alternate guidelines were sought. Abstract MTUS and ACOEM do not address this intervention; alternate guidelines were sought. Abstract Open access colonoscopy for patients with suspected colonic disease is often not practical and some form of patient selection may be necessary. One year's colonoscopic data from our unit were analysed to determine the major indications for the procedure and the diagnostic yield, and to evaluate the suitability of colonoscopy for each indication. The seven major indications were rectal bleeding, iron deficiency anaemia, cancer follow-up, polyp follow-up, abdominal pain, abnormal bowel habit and 'other'. Four hundred and forty-eight procedures were included in the analysis, with rectal bleeding, polyp follow-up and iron deficiency anaemia producing the highest diagnostic yields of 69.1%, 53.3% and 47.7% respectively. Lower yields were obtained for cancer follow-up (21%), abdominal pain (38.2%) and abnormal bowel habit (46.8%). The indication, 'other', produced a combined yield of 66.7%; the majority of patients in this group were known to have colitis. On the basis of these findings we propose that where facilities and expertise do not allow for routine colonoscopy, some form of patient selection should be employed and we believe this selection should take place according to the diagnostic yield for each indication. This patient had rectal bleeding which warranted investigation. A colonoscopy would be appropriate.