

Case Number:	CM15-0171862		
Date Assigned:	09/14/2015	Date of Injury:	07/09/2010
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 41 year old male, who sustained an industrial injury on 07-09-2010. He has reported injury to the low back. The diagnoses have included chronic intractable axial lower back pain, bilateral lower extremity symptoms; status post anterior lumbar interbody fusion at L4-5 and L5-S1, on 03-29-2011; chronic abdominal pain status post anterior lumbar interbody fusion; chronic depression, secondary to chronic pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, TENS (transcutaneous electrical nerve stimulation) unit, H-Wave device, and surgical intervention. Medications have included Gabapentin, Cyclobenzaprine, Dexilant, Trazodone, and Miralax. A progress report from the treating physician, dated 07-17-2015, documented an evaluation with the injured worker. Currently, the injured worker reports that his pain management seems to be well-controlled; the biggest issue continues to be the bright red blood per rectum; he has seen his family doctor; and he is noted to have internal hemorrhoids as well as external hemorrhoids. Objective findings included he is in no acute distress; his affect is much improved compared to prior visits; he has no tenderness to palpation of the lumbosacral spine today, except mildly in the right lower facet joint; he has leg length discrepancy with right leg one cm shorter than the left; muscle strength exam in the lower extremities reveals 5 out of 5 strength; straight leg raise is negative for any back or leg pain; walking gait is intact; he ambulates independently; and lumbar spine ranges of motion are decreased with flexion and extension. The treatment plan has included the request for gastrointestinal (GI) evaluation and treatment to address blood per rectum. The original utilization review, dated 08-25-2015, modified a request for gastrointestinal

(GI) evaluation and treatment to address blood per rectum, to gastrointestinal (GI) evaluation to address blood per rectum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastrointestinal (GI) evaluation and treatment to address blood per rectum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, gastrointestinal evaluation and treatment to address blood per rectum is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's relevant diagnoses as they apply to the issue are chronic abdominal pain, status post anterior lumbar interbody fusion. Date of injury is July 9, 2010. Request for authorization is August 18, 2015. According to a July 17, 2015 progress note, the injured worker (41 years old) presents for evaluation of testosterone issues and blood in stool. The injured worker has a history of internal and external hemorrhoids. Although a gastrointestinal evaluation is appropriate, treatment is not appropriate until after the evaluation is performed and a written report submitted based on the wide variety of possibilities in the differential diagnosis. There were no acute issues of hypotension or uncontrolled bleeding. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, gastrointestinal evaluation and treatment to address blood per rectum is not necessary.