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| Case Number: | CM15-0175498 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 12/22/2014 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/06/2015 |

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: Florida

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on December 22, 2014, incurring low back injuries. He was diagnosed with lumbar disc disorder. Treatment included seven different kinds of undocumented medications. He underwent lumbar spine surgery on June 23, 2015 and had been off work since February 27, 2015. Currently, the injured worker complained of abdominal pain and rectal bleeding. Treatment included a proton pump inhibitor. He had a history of constipation and gastritis. The treatment plan that was requested for authorization on September 6, 2015, included a colonoscopy. There was insufficient information to assess the medical necessity of these services. On August 19, 2015, a request for a colonoscopy was non-certified by utilization review.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation
[http://www.asge.org/uploadedFiles/Publications_\(public\)/Practice_guidelines/2014_The%20of%20endoscopy%20in%20the%20paieitn%20with%20lower%20GI%20bleeding.pdf](http://www.asge.org/uploadedFiles/Publications_(public)/Practice_guidelines/2014_The%20of%20endoscopy%20in%20the%20paieitn%20with%20lower%20GI%20bleeding.pdf).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Occult Gastrointestinal Bleeding American Academy of Family Physicians [REDACTED] Am Fam Physician. 2013 Mar 15; 87 (6): 430-436.

Decision rationale: An Independent Medical Review was requested regarding the medical necessity of a Colonoscopy. Insufficient documentation is provided regarding why a Colonoscopy is being requested. The history and physical exam findings are limited, and do not support this request. Likewise, this request for a Colonoscopy cannot be considered medically necessary without additional documentation being provided.