

Case Number:	CM15-0140143		
Date Assigned:	07/29/2015	Date of Injury:	02/06/2003
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 02-06-2003. He has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar disc displacement; lumbar spinal stenosis; lumbar radiculopathy; status post microlumbar decompressive surgery bilaterally at L3-4, L4-5, on 10-15-2013; bilateral knee pain; gastritis; gastroesophageal reflux disorder; medication related dyspepsia; abdominal pain; acid reflux; constipation-diarrhea; bright red blood per rectum; and sleep disorder. Treatments have included medications, diagnostics, injections, transforaminal lumbar epidural steroid injection, and surgical intervention. Medications have included OxyContin, Norco, Naproxen, Gabapentin, Soma, Tranxene, Senokot-S, and Pantoprazole. A progress report from the treating physician, dated 04-22-2015, documented a follow-up visit with the injured worker. The injured worker reported unchanged abdominal pain, acid reflux, constipation, and blood in his stool; and he reports worsening sleep quality. Objective findings included clear lungs to auscultation; heart rate is regular with regular rhythm; soft abdomen; normoactive bowel sounds; and no clubbing, cyanosis, or edema in the extremities. The treatment plan has included the request for barium enema body part: abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Barium enema body part: abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CP: Imaging-Barium Enema (BE)-InterQual 2012- Lower GI symptoms (Both) 210 Average-risk patient 220 Sigmoidoscopy non-diagnostic for etiology of lower GI symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor <http://www.mdguidelines.com/colonoscopy>.

Decision rationale: This claimant was injured 12 years ago with diagnoses of chronic low back pain; lumbar disc displacement; lumbar spinal stenosis; lumbar radiculopathy; status post microlumbar decompressive surgery bilaterally at L3-4, L4-5, on 10-15-2013; bilateral knee pain; gastritis; gastroesophageal reflux disorder; medication related dyspepsia; abdominal pain; acid reflux; constipation-diarrhea; bright red blood per rectum; and sleep disorder. As of April 2015, there was unchanged abdominal pain, acid reflux, constipation, and blood in his stool; and he reports worsening sleep quality. However, a barium enema is an inferior, less sensitive test to evaluate abdominal bleeding. The MDA supports colonoscopy, noting: Colonoscopy is recommended to evaluate conditions of altered bowel habit, unexplained diarrhea, constipation, abdominal pain, occult or frank blood in stools, colon polyps, cancer, or unexplained anemia. Colonoscopy also may be used as a precautionary measure to screen for presence of colorectal cancer or other abnormalities. The procedure also may be indicated to treat active bleeding from the bowel or as a follow-up when abnormalities first have been detected by other tests. Colonoscopy is generally not performed in cases of bowel perforation or tear, severe diverticulitis, colitis, inflammatory bowel disease, clinically unstable individuals, or in those who have not followed the dietary restrictions and cleansing routine prescribed prior to the procedure. Moreover, it is unclear what previous evaluation has been done for the bleeding, which is essential to say whether or not an additional study is needed. Therefore, the request for barium enema is not medically necessary.