

<b>Case Number:</b>	CM15-0046503		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, California  
 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 44 year old female who sustained a work related injury on August 19, 2012, incurring left knee injuries. Treatment included pain medications, anti-inflammatory drugs, ice and heat, rest and a brace. She was diagnosed with a torn anterior cruciate ligament and a torn lateral meniscus of the left knee. She underwent left knee arthroscopic surgery. Currently, the injured worker complained from burning epigastric pains with nausea and rectal bleeding. She complains of persistent upper quadrant pain and constipation from the narcotic medications. The treatment plan that was requested for authorization included a barium enema with air.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Barium enema with air:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse guidelines for Barium Enema - AHRQ- Reference Yee J, Kim DH, Rosen MP, Lalani T, Carucci LR, Cash BD, Feig BW,

Fowler KJ, Katz DS, Smith MP, Yaghmai V, Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria® colorectal cancer screening. [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 12 p.

**Decision rationale:** In this case, the claimant has nausea related to food. There is no mention of GI bleeding. There was noted upper quadrant tenderness but no peritoneal signs. According to the guidelines, a barium enema is appropriate for colon cancer screening for those who have high risk or in those with GI bleeding. In this case, the claimant had no risk mentioned and no GI bleeding. The request for a barium enema is therefore not medically necessary.