

<b>Case Number:</b>	CM14-0215642		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Ohio, 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:

FILE NUMBER: CM14-0215642 CLINICAL SUMMARY: The applicant is a represented [REDACTED] beneficiary who has filed a claim for an inguinal hernia reportedly associated with an industrial injury of May 18, 2013. In a Utilization Review Report dated December 27, 2014, the claims administrator failed to approve requests for a barium enema and upper GI series. The claims administrator referenced a September 24, 2014 RFA form in its determination. On September 8, 2014, the applicant reported multifocal complaints of mid back and low back pain. The applicant was given a rather proscriptive 10-pound lifting limitation. On October 23, 2014, the applicant was described as having residual groin pain status post earlier herniorrhaphy surgery. On October 8, 2014, the applicant was given diagnoses of abdominal pain, constipation, gastroesophageal reflux disease, and alleged rectal bleeding. These diagnoses were not expounded upon. The applicant denied any reflux symptoms and rectal bleeding, it was stated at the top of the report, somewhat incongruously. An upper GI series had reportedly already been performed and was within normal limits. The applicant was placed off of work, on total temporary disability, for 45 days, while MiraLax and Colace were renewed. On September 26, 2014, the applicant's secondary treating provider noted that the applicant had gained weight secondary to lack of mobilization owing to chronic pain complaints. An ultrasound of the groin was endorsed. On September 24, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing issues with abdominal pain, inguinal pain, alleged reflux, and alleged constipation. An H. pylori breath test to search for acid reflux, a barium enema, and an upper GI series were endorsed while the applicant was placed off of work,

on total temporary disability. A CT scan of the abdomen and pelvis dated September 2, 2014 was notable for diffuse fatty infiltration of the liver, no residual or recurrent hernia, no urinary or renal calculi, no hydronephrosis, status post appendectomy, and evidence of diverticulosis without evidence of diverticulitis. The applicant was previously H. pylori antibody positive, the attending provider stated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Barium Enema:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameters for the Performance of Fluoroscopic Contrast Enema Examination in Adults.

**Decision rationale:** The barium enema is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for fluoroscopic contrast enema (AKA barium enema) include the evaluation of diverticular disease, inflammatory bowel disease, colon cancer screening, incomplete colonoscopy, distal intestinal obstruction syndrome, ileus in cystic fibrosis patients, evaluation of questionable findings on CT imaging, in this case, however the attending provider did not clearly state for what purpose the barium enema was performed. The attending provider did not identify an operating diagnosis or differential diagnosis. Earlier CT scanning was apparently performed on September 2, 2014 and was apparently negative for any hernia, calculi, etc. The attending provider did not, in short, clearly state what was sought. The attending provider did not state what was suspected. The attending provider did not state how the study in question would influence or alter the treatment plan. The attending provider did not state why barium enema was being sought in the face of earlier negative CT imaging of the abdomen and pelvis. Therefore, the request is not medically necessary.

**Upper GI Series:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameters for the Performance of Esophagrams and Upper Gastrointestinal Examinations in Adults

**Decision rationale:** The previously performed upper GI series is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for upper GI series include

evaluation of reflux, abdominal pain, dyspepsia, nausea, vomiting, GI bleeding, anemia, weight loss, peptic ulcer disease, hiatal hernia, gastritis, duodenitis, preoperative anatomic evaluation prior to bariatric surgery, evaluation of gastric and duodenal ulcers, etc., in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not clearly state how the upper GI series influenced or altered the treatment plan. It is incidentally noted that the attending provider reported on October 8, 2014 that the upper GI series was, in fact, negative. The information on file suggested that the applicant had a known diagnosis of gastroesophageal reflux disease which had responded favorably to introduction of proton pump inhibitors. For instance, the applicant reported on October 8, 2014 that he had no actual symptoms of reflux, presumably following introduction of proton pump inhibitors. The upper GI series, thus, was not indicated as the applicant already carried a known diagnosis of gastroesophageal reflux disease which had responded favorably to proton pump inhibitors. The testing, as noted previously, was essentially negative, per a progress note of October 20, 2014. Therefore, the request is not medically necessary.