

Case Number:	CM13-0023858		
Date Assigned:	11/15/2013	Date of Injury:	08/23/2002
Decision Date:	01/17/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an 82-year-old female with a reported date of injury on 08/23/2002. The patient presented with a positive palpable abdominal hernia, abdominal pain, and a history of abdominal hernia surgeries. The patient had diagnoses including status post multiple revision lumbar spine surgeries, status post cervical fusion, chronic abdominal wall defect, assumed to be abdominal wall hernia, and a left shoulder total arthroplasty. The physician's treatment plan included a request for an outpatient CT scan of the abdomen without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient CT scan of the abdomen without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Hernia, Imaging.

Decision rationale: The California MTUS Guidelines/ACOEM do not address this issue. The Official Disability Guidelines note that abdominal CT is not recommended except in unusual situations. During treatment planning, ultrasound (US) can accurately diagnose groin hernias and

this may justify its use in assessment of occult hernias; in experienced hands, US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient; these hernias often contain loops of air-filled bowel, which preclude adequate penetration of the sound beam by US hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. The patient has a history of prior hernia surgeries. The patient underwent a CT of the abdomen on 9/7/13, which revealed (1) interval surgical repair of the left posterolateral abdominal wall hernia; (2) there was no evidence of recurrence; (3) otherwise, a stable CT scan of the abdomen without contrast, with no other significant change since the prior study. The provider noted, clinically, the patient had a positive palpable abdominal hernia despite CT scan findings. Within the provided documentation, it was unclear why the patient would need a second CT scan of the abdomen; therefore, the request is neither medically necessary nor appropriate.