

<b>Case Number:</b>	CM13-0067483		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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/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 injured worker is a 45-year-old gentleman with a date of injury of 10/04/2013. An office visit note by [REDACTED] dated 10/24/2013 identified the mechanism of injury as cumulative trauma related to heavy lifting resulting in lower back and abdominal pain. [REDACTED] note indicated the worker was experiencing episodes of left abdominal pain with a painful mid-abdominal bulge that was worse with straining and constant lower back pain. The documented examination described tenderness in the lower back and left abdomen. The note concluded the worker was suffering from left lower back and abdominal strain/sprain and possibly a problem with the cushions between the spine bones and/or a hernia in the abdomen. Recommended treatment included MRI imaging of the mid-back, lower back, and abdominal regions, chiropractic care, and physical therapy for the back. A Utilization Review decision by [REDACTED] was rendered on 11/19/2013 recommending denial for an initial MRI of the abdomen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL MRI OF THE ABDOMEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Hernia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Brooks DS, et al. Overview of abdominal hernias. Topic 3688, version 15.0. UpToDate, accessed 08/17/2014.

**Decision rationale:** The MTUS Guidelines are silent as to the role of MRI when an abdominal hernia is suspected. Abdominal hernias occur because of a weakness in the abdominal wall. Examination is usually key to the diagnosis. When imaging is needed, ultrasound is the most reliable to assist in the diagnosis. CT would be indicated if an ultrasound is unable to show the area in question or is indeterminate. The submitted and reviewed documentation described symptoms and examination findings consistent with an abdominal hernia. Ultrasound was not done. There was no indication or discussion of unusual circumstances requiring an abdominal MRI. In the absence of such evidence, the current request for an initial MRI of the abdomen is not medically necessary and appropriate.