

Case Number:	CM13-0072226		
Date Assigned:	05/07/2014	Date of Injury:	03/06/2007
Decision Date:	07/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational Medicine and is licensed to practice in 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 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 patient is a 44-year-old male who has submitted a claim for spinal stenosis with radiculopathy, acid reflux secondary to NSAIDs rule out ulcer, constipation/diarrhea secondary to narcotics rule out irritable bowel syndrome associated with an industrial injury date of March 6, 2007. Medical records from 2013-2014 were reviewed, the latest of which dated February 14, 2014 revealed that the patient continues to have some discomfort and pain in the low back area. There are no radiating symptoms down the leg. The patient denies any stomach pain, heartburn, bleeding ulcers, hemorrhoids, inflammatory bowel disease, irritable bowel disease, nausea or vomiting. On physical examination, patient walks with a cane. There is limitation in range of motion of the lumbar spine with flexion to approximately 35 degrees, extension to approximately 5 degrees, right lateral bend to approximately 5 degrees, left lateral bend to approximately 5 degrees, right rotation to approximately 5 degrees, and left rotation to approximately 5 degrees. There is mild pain toward terminal range of motion. There is decreased sensation to light touch in the L5-S1 dermatomes. Treatment to date has included lumbar spine surgery (12/11/10), epidural steroid injections, physical therapy, electrical stimulation, aqua therapy, home exercise program, and medications which include Levaquin, Amox-elav, Methocarbamol, Naproxen, Carisoprodol, Ibuprofen, Tramadol, Hydrocodone APAP, Mapap, Oxaprozin, Meloxicam, Lisinopril, Amlodipine, Enalapril, Benazepril, Atenolol, Omeprazole, Fluoxetine, and Nortriptyline. Utilization review from November 20, 2013 denied the request for an Abdominal Ultrasound because there are no specific findings on examination that warrant special study and there is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested abdominal ultrasound study.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABDOMINAL ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative reference: Web base.

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: Aetna Clinical Policy Bulletin, Abdominal Ultrasound (<http://aetna-health.healthline.com/smartsources/healthwisecontent/medicaltest/hw1430>).

Decision rationale: CA MTUS and ODG do not specifically address the topic on abdominal ultrasound. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Guidelines state that abdominal ultrasound is used to find the cause of abdominal pain. It is used in evaluating aneurysm in the aorta; liver masses, cirrhosis, fatty liver or abnormal liver function tests; gallstones, cholecystitis, or blocked bile ducts; enlarged spleen; pancreatic tumor; kidney masses and kidney stones. In this case, the patient began experiencing nausea, acid reflux, heartburn and abdominal pain since 2011. He was prescribed omeprazole for his gastric complaints. Abdominal ultrasound was requested to rule out gastropathy secondary to the use of NSAIDs (naproxen) and narcotics (hydrocodone). In the most recent clinical evaluation, there is no subjective and objective finding that warrant further investigation with the use of abdominal ultrasound. Moreover, the symptoms of nausea, acid reflux, heartburn and abdominal pain with a history of NSAIDs and narcotics use may be more consistent with gastric ulcers; stomach ulcer is not an indication for abdominal ultrasound as stated by the guidelines above. The medical necessity of an abdominal ultrasound was not established at this time. Therefore, the request for an abdominal ultrasound is not medically necessary.