

Case Number:	CM14-0101063		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2008
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, left shoulder pain, and gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of May 10, 2008. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for an abdominal ultrasound, invoking non-MTUS Guidelines from the National Library of Medicine. Overall rationale was sparse. It appeared that the claims administrator used a medical reference published by the NLM intended for the lay public. The applicant's attorney subsequently appealed. In a handwritten note dated December 11, 2013, the applicant presented with persistent complaints of shoulder, mid back, and low back pain. The applicant reported a T12 compression fracture, it was stated. The applicant also had issues with GI upset. Manipulative therapy and pain management consultation were endorsed while the applicant was placed off of work, on total temporary disability, for an additional six weeks. On March 19, 2014, the applicant was apparently given a prescription for Celexa, Ambien, Ativan, and Cialis owing to complaints of anxiety, depression, tension, and tearfulness. In a handwritten note dated May 5, 2014, difficult to follow, not entirely legible, the applicant was apparently asked to pursue an abdominal sonogram to work up abdominal pain complaints. These were not elaborated or expounded upon. Upper GI series was also sought. The applicant was given a diagnosis of gastroesophageal reflux disease. The applicant was asked to eschew NSAIDs. The magnitude, severity, duration, scope of the applicant's abdominal pain was not described or characterized in the handwritten progress note.

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
<http://www.ncbi.nlm.nih.gov/pubmedhealth/pmh0004273/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Institute of Ultrasound and Medicine (AIUM), Practice Guidelines for the Performance of Ultrasound, Examination of the Abdomen and/or Retroperitoneum.

Decision rationale: The MTUS does not address the topic. While the American Institute of Ultrasound and Medicine (AIUM) notes that abdominal ultrasound imaging should be performed when there is a valid medical reason, which includes the evaluation of abdominal pain, back pain, flank pain, retroperitoneal pain, evaluation of an abdominal mass, trauma, etc., in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. The information on file seemingly pointed to the applicant's carrying a diagnosis of gastroesophageal reflux disease/gastritis. If this particular diagnosis has already been definitively established, it is not readily evident or apparent why ultrasound imaging of the abdomen is being considered here. Therefore, the request of abdominal ultrasound is not medically necessary and appropriate.