

Case Number:	CM14-0111068		
Date Assigned:	08/01/2014	Date of Injury:	01/18/1997
Decision Date:	10/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 58 year old gentleman was reportedly injured on January 18, 1997. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity as well as bilateral shoulder pain. No physical examination was performed on this date in pain medications were refilled. Diagnostic imaging studies of the lumbar spine revealed extensive intact hardware. Previous treatment includes thoracolumbar spine surgery and intrathecal pain pump. A request was made for an abdominal ultrasound to rule out and abdominal hernia and was not certified in the preauthorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Abdominal ultrasound to rule out abdominal hernia, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DAVIS-CHRISOPHER TEXTBOOK OF SURGERY, 12TH ED., DAVID C. SABISTON JR., W.B. SAUNDERS COMPANY, 1981

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: <http://www.nlm.nih.gov/medlineplus/ency/article/000960.htm>

Decision rationale: A review of the available medical record indicates that the injured employee had his lumbar spine surgery from anterior approach and had a resultant abdominal hernia which is obvious on examination. There is a pending referral to general surgery. An abdominal ultrasound is not needed to rule out a hernia which is obvious on physical examination. As such, this request for an abdominal ultrasound to rule out abdominal hernia is not medically necessary.