

Case Number:	CM14-0138174		
Date Assigned:	09/05/2014	Date of Injury:	05/18/2013
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in Ohio. 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 43-year-old male whose original date of injury was 5-18-2013. He developed right groin pain radiating to the back. Ultimately, he was diagnosed with a right inguinal hernia. On 8-29-2013 he had a right inguinal hernia repair. The injured worker presented on 8-13-2014 complaining of abdominal pain, occasional reflux, rectal bleeding, and diarrhea. His exam revealed 2+ tenderness in the left lower quadrant of the abdomen. The treating physician ordered an electrocardiogram, a CT scan of the abdomen and pelvis, urinalysis and urine toxicology, and referral to a surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting labs (GI profile): 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/pubmed/11864856>Am J Clin Nutr.2002 Mar; 75(3): 505-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician, April 1, 2008. Evaluation of Acute Abdominal Pain in Adults.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the ODG do not adequately provide guidelines to guide laboratory determination for the etiology of acute abdominal pain. According to the above referenced article, appropriate diagnostic testing varies based on the clinical situation. A complete blood count is appropriate if infection or blood loss is suspected. In patients with epigastric pain, simultaneous amylase and lipase measurements are recommended because an elevated lipase level with a normal amylase level is not likely to be caused by pancreatitis.¹³ Liver chemistries are important in patients with right upper quadrant pain. A urinalysis should be obtained in patients with hematuria, dysuria, or flank pain. In this situation, injured worker presents with left lower quadrant abdominal tenderness. The requested G.I. panel does not specify the contents but presumably contains measures of liver function and renal function and possibly an amylase and lipase. The evaluation of left lower quadrant abdominal pain by laboratory analysis is generally limited to a complete blood count and possibly a measure of renal function in preparation for a CT scan that may require contrast. Therefore, the request for fasting labs (GI profile) is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Differentiation: dependence & addiction Page(s): 85.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Urine Drug Screening

Decision rationale: Urine toxicology, also known as a urine drug screen, is generally recommended when chronic opioid use is considered for a patient already taking opioids, when a patient asked for a specific drug with high abuse potential, or if the patient has an at risk addiction screen which may include evidence of depression, anxiety, bipolar disorder, and/or personality disorder. Urine drug testing is not generally recommended in acute treatment settings. In this instance, the injured worker is not known to be taking opioids and there is no evidence that the treating physician plans on initiating chronic opioid therapy. Therefore, the request for urine toxicology screen is not medically necessary.

EKG (Electrocardiogram): Overturned

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 Journal of Primary Care and Community Health, The Evaluation of Electrocardiogram Findings in Acute Abdominal Pain Patients Admitted to the Emergency Department, April 19, 2011.

Decision rationale: The ancillary evaluation of abdominal pain is not well addressed by the ODG or the American College of Occupational and Environmental Medicine. In an article entitled The Evaluation of Electrocardiogram Findings in Acute Abdominal Pain Patients

Admitted to the Emergency Department, the authors sought to determine the diagnostic value of electrocardiogram in differential diagnosis of patients with nonspecific abdominal pain. This prospective observational study was conducted in a university emergency department over 2 weeks. One hundred twenty patients with complaints of abdominal pain were admitted to the emergency department. During the study period, a total of 120 cases were evaluated. The final emergency department disposition status of the 120 patients was 1 (0.8%) died in the emergency department, 28 (23.3%) were admitted to the general ward, 27 (22.5%) were admitted to other services, and 10 (8.3%) were admitted to the cardiology service and coronary care unit. The examination indicated that 38 (31.7%) patients with abdominal pain showed cardiac pathologies on their electrocardiograms; 3 (2.5%) patients with abdominal pain admitted to cardiology service had ST elevation, and 2 (1.6%) had electrocardiogram depression on their electrocardiograms. According to the results, the authors claim that the electrocardiogram played an important role in the treatment and diagnosis of patients presenting with abdominal pain in emergency medicine. In this circumstance, the injured worker presented with a multitude of abdominal complaints. Hence, an EKG (Electrocardiogram) is medically necessary.