

<b>Case Number:</b>	CM14-0158997		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	07/31/2005
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 58 year old female with a date of injury of 07/31/05. The progress note from 07/11/14 was reviewed. She was seen for diarrhea by the GI physician. In 2007, she had a colonoscopy, which may have been consistent with microscopic colitis, but another colonoscopy in 2012 with multiple biopsies failed to show any evidence of IBD or microscopic or collagenous colitis. She had abdominal pains with negative CT scans and EGDs as well. The diarrhea was usually multiple in the mornings and can occur nocturnally. She was told to have her GB removed, but none of her pain is right upper quadrant and an ultrasound was not found. The plan was to start her on cholestyramine for possible choleric diarrhea. She was on Lisinopril, Lasix, Trazadone and Prozac. Pertinent examination findings included absent abdominal tenderness without guarding, hernia or hepatosplenomegaly. The diagnosis was irritable bowel syndrome. She was seen in followup on 07/30/14. She was noted to have had a capsule endoscopy. She was constantly burping in the provider's presence and it looked like aerophagia. Her symptoms were abdominal pain and diarrhea. The Questran was not approved. She reported right mid abdominal pain that occurred after eating. The diagnosis included right upper quadrant pain and the request was for HIDA scan with drug.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hepatobiliary system imaging, QTY:1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Nuclear Medicine Procedure Guidelines for Hepatobiliary Scintigraphy, Approved June 23, 2001

**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.uptodate.com/contents/acute-cholecystitis-pathogenesis-clinical-features-and-diagnosis?source=machineLearning&search=hepatobiliary+scan&selectedTitle=2~150&sectionRank=1&anchor=H15#H15>

**Decision rationale:** The employee was a 58 year old female with a date of injury of 07/31/05. The progress note from 07/11/14 was reviewed. She was seen for diarrhea by the GI physician. In 2007, she had a colonoscopy, which may have been consistent with microscopic colitis, but another colonoscopy in 2012 with multiple biopsies failed to show any evidence of IBD or microscopic or collagenous colitis. She had abdominal pains with negative CT scans and EGDs as well. The diarrhea was usually multiple in the mornings and can occur nocturnally. She was told to have her GB removed, but none of her pain is right upper quadrant and an ultrasound was not found. The plan was to start her on cholestyramine for possible choleretic diarrhea. She was on Lisinopril, Lasix, Trazadone and Prozac. Pertinent examination findings included absent abdominal tenderness without guarding, hernia or hepatosplenomegaly. The diagnosis was irritable bowel syndrome. She was seen in followup on 07/30/14. She was noted to have had a capsule endoscopy. She was constantly burping in the provider's presence and it looked like aerophagia. Her symptoms were abdominal pain and diarrhea. The Questran was not approved. She reported right mid abdominal pain that occurred after eating. The diagnosis included right upper quadrant pain and the request was for HIDA scan with drug. According to the evidence cited above, HIDA scan or cholescintigraphy is indicated to diagnose cholecystitis, if the diagnosis remains uncertain following ultrasonography. In this case, the employee had abdominal pain and diarrhea, making an evaluation for gallbladder disease necessary. There is no ultrasound reported and hence the need for hepatobiliary scan with drug is not medically necessary or appropriate.