

<b>Case Number:</b>	CM14-0160457		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 General Surgery and is licensed to practice in California and Nevada. 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:

This 51 year old female was injured 12/29/06. As of 5/21/14 she complained of epigastric pain and constipation x 6-7 years. it is described as sharp and lasting minutes but that therapy is a constant dull ache. Pain increases when she leans forward, is not related to food and unrelieved with stooling. She has tried various drugs without benefit for her constipation. Her history includes hypertension, hiatal hernia (On Prevacid), and back pain status post epidural steroid injections. Her abdominal examination is totally negative and without tenderness. Her constipation was felt to be related to the medications she was using. She had been diagnosed and treated for H. Pylori. A HIDA scan was ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CCK HIDA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse/Evaluation and management of gallstone-related diseases in non-pregnant adults (2014, June 29)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The cholecystokin provocation HIDA test: recreation of symptoms is superior to ejection fraction in predicting medium-term outcomes. Morris-Stiff G, Falk G, Kraynak L, Rosenblatt S. J Gastrointest Surg. 2011 Feb;15(2):345-9. Epub 2010 Sep 8

**Decision rationale:** There is not a history suggestive of gall bladder disease. There is not examination described as being consistent with gall bladder disease. An ultrasound study of the right upper quadrant of the abdomen has not been done. There is not a diagnosis of acalculous cholecystitis. Medical necessity for a HIDA scan has not been established.