

Case Number:	CM14-0179817		
Date Assigned:	11/04/2014	Date of Injury:	11/15/2010
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 and abdominal wall pain reportedly associated with an industrial injury of November 15, 2010. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a high-resolution CT scan of the abdomen. The UR report was approximately 20 pages long and quite difficult to read. The UR report was, in large part, a reprisal of historical Utilization Review Reports. The claims administrator suggested that the attending provider had not identified how the proposed CT scan would influence or alter the treatment plan. The applicant's attorney subsequently appealed. In a September 28, 2014 progress note, the applicant report ongoing complaints of epigastric and left lower quadrant abdominal pain. The note was blurred as a result of repetitive photocopying and faxing. The applicant was 52 years old as of the date of this note, September 28, 2014. It was stated that the applicant had had a colonoscopy and/or endoscopy demonstrating evidence of gastritis. The applicant was given prescriptions for Zantac, Carafate, Prilosec, Tenormin, hydrochlorothiazide, Celebrex, and Anusol. A high-resolution CT scan of the abdomen was endorsed. The note was extremely difficult to follow, it should be reiterated. A GI consultation was also concurrently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

HRCT of the abdomen: Upheld

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 American College of Radiology (ACR), Practice Parameter for the Performance of Computer Tomography of the Abdomen and Computer Tomography of the Pelvis

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. While the American College of Radiology (ACR) does acknowledge that indications for abdominal and/or pelvic CT examinations include the evaluation of abdominal pain, flank pain, pelvic pain, suspected urinary calculi, appendicitis, renal masses, adrenal masses, pelvic masses, liver masses, liver metastasis, assessment of tumor recurrence, etc, in this case, however it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not furnish any rationale for pursuit of the high-resolution CT scanning in the handwritten September 28, 2014 progress note, referenced above. Therefore, the request is not medically necessary.