

<b>Case Number:</b>	CM14-0044266		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 55-year-old female with an 11/8/12 date of injury to her back after twisting her torso while lifting an object. The patient was seen on 3/12/14 with complaints of right-sided abdominal pain, 3-6/10, which has not improved but she noted less bloating and heartburn with use of Pantoprazole. She denies vomiting, but endorses constipation and is noted to be on Vicodin. She also endorses 2 bloody bowel movements daily. Exam findings revealed right sided and epigastric tenderness with an unequivocal murphy's sign. The patient was noted to have had an abdominal US on 8/13/13, which was normal. The patient had a GI (Gastrointestinal) series on 2/18/14 and CT of the abdomen with contrast on 2/14/14, which was also normal. Labs done on 2/1/14 including a CBC (complete Blood Picture), BMP (Basic Metabolic Panel), stool occult blood, TSH (Thyroid Stimulating Hormone), and liver panel were all normal. A progress note dated 6/12/14 noted the patient's heartburn was well controlled with pantoprazole and there were no complaints of abdominal pain noted, in addition the patient denied having blood in the stool. On exam the patient had mild diffuse tenderness in the abdomen mostly over the epigastric region, with no guarding or rebound tenderness. She was placed on Docusate for constipation. An adverse determination was received on 3/18/14 given the patient already had several imaging modalities of the abdomen which were normal, including an Ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abdominal Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Hernia chapter .<http://www.ncbi.nlm.nih.gov/pmc/articles>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Hernia Chapter-Imaging.

**Decision rationale:** CA MTUS does not address this issue. ODG states that imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In this case the patient has had a CT with contrast, GI series (upper and lower), and an abdominal US, which were all negative. There is no clinical indication of a hernia, and the progress notes indicate the request is for an abdominal US with Valsalva to rule out a hernia. Given the patient has already had three abdominal imaging techniques which did not reveal a hernia, the rationale for another US is unclear. Therefore, the request for an Abdominal Ultrasound was not medically necessary.