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| Case Number: | CM14-0057528 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/29/2011 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 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 patient is an injured worker with neck and back conditions. The date of injury was 07-29-2011. Subjective complaints included neck, low back, and headache. Medications included Baclofen and Amitriptyline. Progress report dated 04-09-2014 documented physical examination of the abdomen. The abdomen was soft, with no masses palpated, no rebound, rigidity or tenderness. Review of systems was negative for gastrointestinal concerns. The patient denies nausea, constipation, or gastrointestinal upset. There is no loss of bowel control. The diagnoses included cervical spondylosis, lumbosacral spondylosis, and status post cervical spine surgery. Treatment plan included Mobic, Elavil, Terocin, Tramadol, and a urine drug screen. Progress report dated 03-06-2014 documented physical examination of the abdomen. The abdomen was soft, with no masses palpated, no rebound, rigidity or tenderness. Review of systems was negative for gastrointestinal concerns. The patient denies nausea, vomiting, diarrhea, blood in stool, or constipation, or gastrointestinal upset. There is no loss of bowel control. Utilization review decision date was 04-10-2014.

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 www.ncbi.nlm.nih.gov/pubmed/15234023.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Other Medical Treatment Guideline or Medical Evidence: The American College of Radiology, ACR-AIUM-SPR-SRU practice guideline for the performance of an ultrasound examination of the abdomen and/or retroperitoneum (2012)http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Abdomen_Retro.pdf.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address abdominal ultrasound. The American College of Radiology practice guideline for the performance of an ultrasound examination of the abdomen (2012) states that abdominal ultrasound should be performed when there is a valid medical reason. Indications for ultrasound examination of the abdomen include abdominal pain, palpable abnormalities such as an abdominal mass or organomegaly, and abnormal laboratory values suggestive of abdominal pathology. Progress report dated 04-09-2014 documented physical examination of the abdomen. The abdomen was soft, with no masses palpated, no rebound, rigidity or tenderness. Review of systems was negative for gastrointestinal concerns. The patient denies nausea, constipation, or gastrointestinal upset. There is no loss of bowel control. Progress report dated 03-06-2014 documented physical examination of the abdomen. The abdomen was soft, with no masses palpated, no rebound, rigidity or tenderness. Review of systems was negative for gastrointestinal concerns. The patient denies nausea, vomiting, diarrhea, blood in stool, or constipation, or gastrointestinal upset. There is no loss of bowel control. Utilization review decision date was 04-10-2014. No laboratory test results were documented in the available medical records. The medical records do not support the medical necessity of abdominal ultrasound. Therefore, the request for Abdominal Ultrasound is not medically necessary.