

Case Number:	CM14-0064393		
Date Assigned:	07/11/2014	Date of Injury:	07/25/2013
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 New York. 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 claimant is a 55 yo male who sustained an industrial injury on 07/25/2013. The mechanism of injury was not provided for review. His diagnosis include low back pain, lumbar radiculopathy, and lumbar facet syndrome. He has been complaining of low back pain and an inability to hold his bladder. On exam there is decreased range of motion of the lumbar spine with palpable vertebral muscle spasm and tenderness on both sides. Lumbar facet loading is positive and straight leg raising is positive. There is tenderness noted over the coccyx. Motor testing is limited by pain. Motor strength of the EHL is 5/5 on right 4/5 on the left and sensory exam reveals diminished light touch over the L5 and S1 over the left lower extremity. MRI of the lumbar spine did not demonstrate nerve compression. EMG/NCS of the left lower extremity showed chronic subacute proximal left L5-S1 radiculopathy. Treatment has included medications including narcotics. The treating provider has requested an ultrasound exam of the abdomen, complete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Exam of the Abdomen, Complete: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Medscape Internal Medicine 2014: Indications for an abdominal ultrasound.

Decision rationale: Abdominal ultrasound (US) is an important diagnostic method for evaluation of many structures in the abdomen, such as the liver, gallbladder, biliary tract, pancreas and kidneys. Indications include abdominal, flank and/or back pain, palpable abnormalities, abnormal laboratory values suggestive for abdominal pathology, follow-up of known or suspected abnormalities and search for metastatic disease or occult primary. There was no consultation or documentation provided from a urologist that would support the request for an abdominal ultrasound. Medical necessity for the requested item is not established. The requested item is not medically necessary.