

Case Number:	CM14-0072959		
Date Assigned:	06/30/2014	Date of Injury:	12/02/2011
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 48 year old female who sustained injury to her abdomen on 12/02/11 due to cumulative trauma while performing her usual and customary duties as a receiving inspector. The injured worker reported increased upper abdominal burning pain and throat pains with eating. Bowel movements were better with medication current medications included Ultracet, Omeprazole, Metamucil, Docusate, Gaviscon, and thyroid medicine. Physical examination noted abdomen soft with tenderness all over, moreso in the epigastrium. The injured worker weighed 150 pounds. She was diagnosed with gastritis, constipation, possibly irritable bowel syndrome, and anxiety/depression. It was noted that the injured worker had abdominal pains which worsened in spite of medications a further evaluation for abdominal pain with upper gastrointestinal series and abdominal ultrasound was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Ultrasound, Diagnostic Reason for Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Ultrasound (Sonography).

Decision rationale: The request for ultrasound of the abdomen is not medically necessary. Aside from epigastric pain, other symptoms/signs suggesting concurrent conditions that may benefit from an ultrasound were not noted. The provider indicated that the request for abdominal ultrasound in addition to an upper gastrointestinal series and antacids for the treatment of abdominal pain and dyspepsia. The injured worker has not had a gastroenterologist evaluation and there was no suggestive evidence of acute dysfunction that would require abdominal ultrasound. There were no exceptional factors in this case. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for ultrasound of the abdomen is not medically necessary.