

<b>Case Number:</b>	CM14-0076546		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 pain reportedly associated with an industrial injury of March 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar fusion surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for an abdominal x-ray on the grounds that the applicant had already received a colonoscopy to further evaluate his constipation and that the x-ray should be tabled until the colonoscopy results were known. The claims administrator did not state what guidelines it was basing that particular position on. The claims administrator did cite a clinical progress note dated February 20, 2014 in its Utilization Review Report and noted that the applicant had ongoing issues with constipation with bowel movements as infrequent as once a week. The applicant's attorney subsequently appealed. The remainder of the file was surveyed. It did not appear that the February 20, 2014 progress note in which the abdominal x-ray was requested was incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abdominal x ray:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Parameter for the Performance of Abdominal Radiography.

**Decision rationale:** The MTUS does not address the topic. As noted by the American College of Radiology (ACR), indications for abdominal radiography include constipation, the issue apparently present here. The claims administrator stated in its Utilization Review Report that the applicant was having bowel movements as infrequently as once a week. Obtaining plain film abdominal radiography to potentially identify the source of the applicant's issues with constipation is indicated. Therefore, the request is medically necessary.