

Case Number:	CM14-0082568		
Date Assigned:	07/21/2014	Date of Injury:	09/25/2002
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family Practice 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:

This is a 64 year old female claimant who sustained a work related injury on 9/25/02 involving the low back. She was diagnosed with lumbar strain and headaches. She had a chronic history of hypertension, irritable bowel, GERD, H.Pylori, hyperlipidemia and renal insufficiency. A colonoscopy in 2013 showed diverticulosis. Her chronic pain had been previously treated with NSAIDs. Her gastric symptoms had been treated with Prilosec, probiotics and Gaviscon. She was referred to a gastroenterologist on 1/30/14 due to abdominal pain in the left lower quadrant and epigastric region. She had heartburn, blood streaked stools, bloating and constipation. Exam findings were notable for epigastric tenderness. She was advised to avoid NSAIDs. No other testing was requested and the claimant had reached maximum medical improvement. A progress note on April 30, 2014 indicated the claimant had continued abdominal symptoms and epigastric tenderness. The primary physician recommended another follow up with gastroenterology and an abdominal ultrasound for right upper quadrant pain to evaluate for: cholelithiasis.

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 <http://www.cigna.com/healthinfo/hw237678>.

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:2007 American College of Radiology Guidelines.

Decision rationale: According to the guidelines above, for patients greater than 55 years of age gastric pain who present with anemia, weight loss, bleeding, abnormal labs or progressive dysphasia evaluation by a gastroenterologist to strongly considered. Imaging proceeds a gastroenterology consultation. Abdominal ultrasound is study of choice for acute right upper quadrant pain. In this case the claimant did not have acute symptoms. Her pain was more epigastric than right upper quadrant. The pain was chronic and explained by other diagnoses. Two months prior to gastroenterologist documented her symptoms to be stationary. The request for an ultrasound by the primary treating physician is not medically necessary.