

<b>Case Number:</b>	CM14-0088816		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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:

This is a 49-year-old male who reported an industrial injury on 10/27/2011, three (3) years ago, attributed to the performance of his usual and customary job duties. The patient underwent an umbilical hernia repair during the 3/2013. The patient was returned to full duty. The patient was noted to have a recurrent umbilical hernia. The patient continues to report umbilical pain; however, a hernia was not palpated. The treatment plan was for a CT scan of the abdomen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the abdomen with contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Hernia - Computed tomography-Imaging (Bradley,2003)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hernia chapter-imaging; ultrasound;

**Decision rationale:** Evidence-based guidelines do not recommend a CT scan of the abdomen to evaluate for recurrent hernias. They are considered medically unnecessary except in unusual situations which were not identified by the treating physician. The treating physician has

provided no objective evidence to support the medical necessity of a CT scan of the abdomen/pelvis to evaluate for the stated objective findings. The patient is reported to have continued discomfort status post hernia repair with no objective evidence of a recurrent hernia. The request for an abdominal CT scan is not made by a general surgeon contemplating surgical intervention. There are no documented objective findings to support the medical necessity of the requested CT scan. The CA MTUS does not recommend the use of CT scans for the diagnosis of a hernia or recurrent hernia. There is no demonstrated medical necessity for the CT scan of the abdomen/pelvis based on the documented objective findings on examination. The CT scan is being used as a screening test as is not recommended by evidence-based guidelines as opposed to a general surgeon consultation for evaluation of a hernia or intra-abdominal pathology. The objective findings on examination as documented by the treating physician do not support the medical necessity of the requested CT scan of the abdomen/pelvis. There are no objective findings documented on examination that support the medical necessity of the requested CT scan of the abdomen in relation to the cited industrial injury.