

<b>Case Number:</b>	CM14-0089834		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 General Surgery and is licensed to practice in Texas. 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 60 year old female injured on 04/08/05. The mechanism of injury was not specified in documentation reviewed. The clinical note dated 04/30/14 indicates the injured worker complaining of head pain. The note also indicates the injured worker having recently had a migraine that lasted 7 days. The clinical note dated 04/24/14 indicates the injured worker complaining of sleep difficulty. The injured worker also had complaints of acid reflux, hemorrhoids, irritable bowel syndrome resulting in diarrhea, as well as right lower quadrant abdominal pain and cramping. The injured has received treatments for H. Pylori. The injured worker also was identified as having complaints of nausea. The injured worker identified 1 episode of bright red blood in her stool. Upon exam, the injured worker was identified as having a soft abdomen with normal active bowel sounds. Diffused tenderness was identified upon palpation with guarding. The injured worker had complaints of right lower quadrant pain. The note indicates the injured worker utilizing Dexilant, Gaviscon, Citrucel, and Colace. The utilization review dated 06/04/14 resulted in a denial for a urine tox screen, CT scan of the abdomen and pelvis, a general surgery consultation, and a lap band procedure as the injured worker's BMI has been identified as 29 whereas requirements for the lap procedure are 40.0.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology screen, labs QTY1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Page 43 Page(s): 43.

**Decision rationale:** The documentation indicates the injured worker complaining of abdominal pain. A urine toxicology screen is indicated for injured workers who are continuing with opioid therapy, have demonstrated aberrant behavior, or have been identified as being at risk for drug misuse. No information was submitted regarding the injured worker's aberrant behavior or potential for drug misuse. Additionally, no information was submitted regarding the injured worker's continuing with opioid therapy. Therefore, this request is not indicated as medically necessary.

**CT scan, abdomen and pelvis QTY1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/23175552>.

**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.

**Decision rationale:** The documentation indicates the injured worker complaining of right lower quadrant pain. Imaging studies of the abdomen and pelvis are indicated following preliminary ultrasound studies. No ultrasound studies were submitted for review. Given this factor, the request is not indicated as medically necessary.

**1 General surgery consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The documentation indicates the injured worker being recommended for a lap band procedure. Currently, the injured worker's BMI has been identified as being 29.0. General recommendation for a lap band procedure is for an injured worker with a BMI of greater than 40.0. Given the injured worker's current BMI of less than 40, this request is not indicated as medically necessary.

**Lapband procedure consultation QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**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: 1.)Cherian P, Tentzeris V, Sigurdsson A. Variation of outcome in weight loss with band volume adjustments under clinical and radiological control following laparosc

**Decision rationale:** The documentation indicates the injured worker being recommended for a lap band procedure. Currently, the injured worker's BMI has been identified as being 29.0. General recommendation for a lap band procedure is for an injured worker with a BMI of greater than 40.0. Given the injured worker's current BMI of less than 40, this request is not indicated as medically necessary.