

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0091822 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/20/2006 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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 Management and is licensed to practice in Texas and Florida. 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 patient is a 57 year male who was injure on 10/20/2006. The diagnoses are cervical spine pain, shoulder pain and fibromyalgia. There are associated history of GERD and rectal bleeding. The patient was evaluated previously by [REDACTED], a gastroenterologist who recommended endoscopy with colonoscopy. On 5/5/2014, there was subjective complaint of constipation alternating with diarrhea. A provisional diagnosis of possible irritable bowel syndrome was made. The UDS was reported to be consistent. The medications are morphine, Motrin, gabapentin and oxycodone for pain, Robaxin for muscle spasm and Cymbalta for depression. A Utilization Review determination was rendered on 5/19/2014 recommending non certification for abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Ultrasound: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Abdominal

Decision rationale: The CA MTUS did not specifically address the evaluation of co-existing abdominal symptoms during chronic pain management. The ODG guideline recommend that the development of severe adverse abdominal symptoms be fully evaluated during pain medications management. The records indicate that the patient is utilizing chronic NSAIDs and opioid medications. There is subjective complaints of rectal bleeding and constipation alternating with diarrhea. It is unclear if a prior recommendation for endoscopy / colonoscopy was completed. There is a high incidence of irritable bowel syndrome disease co-existing with fibromyalgia. The criteria for abdominal ultrasound was met.