

Case Number:	CM14-0099650		
Date Assigned:	07/28/2014	Date of Injury:	01/08/2011
Decision Date:	12/04/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal 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 case of a 57 years old male with a date of injury of 1/8/2011. In an office visit note with [REDACTED] dated 5/6/2014, the patient presented for a follow up evaluation. He reported no significant growth in his abdomen. The patient says that he has been having good bowel movements but his abdomen has become quite distended and is now becoming tender. The patient did report a lot of gas as well. He has not had any significant changes in his medication or his diet. In the review of systems, he reports a good appetite and no fevers. He also reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stools, and no mucous in his stools. On physical examination he appears to be in slight distress secondary to a distended abdomen. His abdomen has hypoactive bowel sounds. His abdomen is distended, but nontender, and no organomegaly was palpated. The patient is diagnosed with Gastroesophageal reflux disease along with other non abdominal related diagnoses. At this point, the plan was to continue his current regimen of medications and to start on Amitiza 8mg three times a day and a request for an Abdominal X-ray was made to evaluate for obstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal flat plate (due to bowel obstruction): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comparison of the constipation assessment

scale and plain abdominal radiology in the assessment of constipation in advanced cancer patients.

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: American College of Radiology On Line Version, Amended 2014. Practice Parameter, Abdominal Radiography Chapter, page 2.

Decision rationale: Neither MTUS nor ODG comment on the use of abdominal radiography to evaluate abdominal distension, or abdominal pain. Therefore, the practice guidelines were taken directly from the American College of Radiology which lists the indications for abdominal radiography. These indications include but are not limited to the evaluation for and follow-up of abdominal distension, bowel obstruction, or non obstructive ileus in addition to constipation. In this case, the patient does have both subjective and objective evidence documented of abdominal distension based on the visit report dated 5/6/2014 by [REDACTED]. Therefore, based on the facts in this case and the current recommendations from the American College of Radiology, the request for an Abdomen flat plate is medically necessary.