

<b>Case Number:</b>	CM14-0187379		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 North Carolina. 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 49 year old man sustained an industrial injury on 10/27/2011. Although the mechanism of injury is not described, per a request for authorization on 4/21/2014, injuries include a right radial bone fracture, right De Quervain's tenosynovitis, an umbilical hernia repair on 1/24/2012 and again on 4/16/2013, and peripheral neuropathy involving the right wrist and hand. Per this visit, there was a recent approval for treatment by a psychologist, modified work restrictions were initiated, and the worker was encouraged to perform exercises at a no-pain range. Treatments to date have included oral and topical medications, abdominal hernia surgeries, MRI of the cervical spine, and repair of right wrist fracture. Physician notes from an examination on 9/22/2014 show abdominal pain with localized tenderness and a palpable umbilical hernia. The worker was referred to a general surgeon, has attended one appointment and is to schedule follow up. Recommendations remain for psychological treatment for depression, modified work restrictions, and home exercises as tolerated. On 10/17/2014, Utilization Review evaluated the prescription for CT of pelvis and abdomen for evaluation of recurrent or unspecified inguinal hernia with gangrene. The physician noted that the worker had previously had surgery to repair a recurrent umbilical hernia on 1/24/2012 and again on 4/16/2013, still has pain, and is requesting a CT. The requested CT of the abdomen and pelvis were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the pelvis:** 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 Chapter, Imaging; Hip and Pelvis Chapter: CT (Computed Tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested services. Per the ACR, indications for CT of the abdomen/pelvis include evaluation of abdominal, flank or pelvic pain, evaluation of renal or adrenal masses, evaluation of known or suspected abdominal/pelvic masses, evaluation of diffuse liver disease, assessment of recurrent tumors, detection of complications following abdominal surgery, evaluation of abdominal inflammatory processes, assessment of abnormalities of the abdominal or pelvic vascular structure, evaluation of abdominal/pelvic trauma, clarification from other imaging studies, evaluation of known or suspected congenital abnormalities, evaluation for small or large bowel obstruction, guidance for interventional procedures, treatment planning for radiation or chemotherapy, pre-and post-transplant assessment and noninvasive angiography of the aorta. There are no absolute contraindications for the procedure. In this case the patient has ongoing abdominal pain despite two hernia surgeries. The patient has been referred and evaluated by a surgeon for the ongoing pain but these notes are not available for review. Without documentation of the reason for a CT of the abdomen/pelvis there is no indication for CT for chronic ongoing abdominal pain with any changes with the history of two surgeries to address the pain. Therefore, the request is not medically necessary.

**CT of the abdomen:** 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 Chapter, Imaging; Hip and Pelvis Chapter: CT (Computed Tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested services. Per the ACR, indications for CT of the abdomen/pelvis include evaluation of abdominal, flank or pelvic pain, evaluation of renal or adrenal masses, evaluation of known or suspected abdominal/pelvic masses, evaluation of diffuse liver disease, assessment of recurrent tumors, detection of complications following abdominal surgery, evaluation of abdominal inflammatory processes, assessment of abnormalities of the abdominal or pelvic vascular structure, evaluation of abdominal/pelvic trauma, clarification from other imaging studies, evaluation of known or suspected congenital abnormalities, evaluation for small or large bowel obstruction, guidance for interventional procedures, treatment planning for radiation or chemotherapy, pre-and post-transplant assessment and noninvasive angiography of the aorta. There are no absolute contraindications for the procedure. In this case the patient has ongoing abdominal pain despite two hernia surgeries. The patient has been referred and evaluated by a

surgeon for the ongoing pain but these notes are not available for review. Without documentation of the reason for a CT of the abdomen/pelvis there is no indication for CT for chronic ongoing abdominal pain with any changes with the history of two surgeries to address the pain. Therefore, the request is not medically necessary.