

Case Number:	CM14-0195661		
Date Assigned:	12/03/2014	Date of Injury:	10/18/2008
Decision Date:	04/20/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male who sustained an industrial injury on October 18, 2008. He has reported neck, left hip, left elbow, and back injuries and has been diagnosed with sprain lumbar region and disc cervical degeneration. Treatment has included medications. Progress report dated May 1, 2014 showed tenderness to the mid cervical spine and limited range of motion secondary to pain. No bowel or bladder problems are present. There is reported to be abdominal pain once a month that lasts for a few hours. No abdominal hernia is palpated. The treatment request included an MRI with contrast of the abdomen to rule out abdominal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITH CONTRAST OF ABDOMEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hernia, Imaging.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and do not recommend MRI studies as the first line or primary test for abdominal hernias. MRI scanning with contrast may be reasonable for other internal diagnosis, but is not supported for the documented diagnosis of an abdominal hernia. Ultrasound scanning is the imaging that is Guideline supported. For the documented diagnosis of abdominal hernia Guidelines do not support MRI with contrast studies. It is not medically necessary for the documented diagnosis.