

Case Number:	CM14-0207088		
Date Assigned:	12/19/2014	Date of Injury:	09/01/2009
Decision Date:	02/18/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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, Florida, Texas
 Certification(s)/Specialty: Internal 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:

According to the records made available for review, this is a 62-year-old female with a 9/1/09 date of injury, and status post right knee surgery in 2010. At the time (10/25/14) of request for authorization for 1 CT of the abdomen without contrast between 11/14/2014 and 1/2/2015, there is documentation of subjective (difficulties with dressing, grooming, bathing, sleeping, standing, walking, sitting, and running and severe increased pain in right upper and mid abdominal regions with no nausea or vomiting) and objective (increased epigastric/right abdominal upper quadrant pain) findings, current diagnoses (epigastric burning pain and abdominal distention), and treatment to date (medications (including ongoing treatment with Tramadol, Protonix, and Flexeril)). There is no documentation of a condition/diagnosis for which Abdominal CT is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT of the abdomen without contrast between 11/14/2014 and 1/2/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Piorkowski RJ Qayyum A, Tuichinsky M, Expert Panel on GASTROintestinal Imaging. ACR Appropriateness Criteria right upper quadrant pain. {online publication}. Reston VA): American College of Radiology (ACR); 2013.9 p.

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: <http://emedicine.medscape.com/article/2114236-overview#aw2aab6b2b2>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Abdominal CT is indicated (such as: to diagnose complex intra-abdominal conditions; to differentiate causes of bowel obstruction; to evaluate complications of hernia, pancreatitis, biliary obstruction, acute vascular compromise, and abdominal aneurysm; characterization and staging of tumors of the liver, pancreas, kidneys, bowel, reproductive organs, and lymphatic system; in surgical treatment planning; and in the diagnosis of postoperative complications), as criteria necessary to support the medical necessity of Abdominal CT. Within the medical information available for review, there is documentation of diagnoses of epigastric burning pain and abdominal distention. However, despite documentation of subjective (severe increased pain in right upper and mid abdominal regions with no nausea or vomiting) and objective (increased epigastric/right abdominal upper quadrant pain) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Abdominal CT is indicated (to diagnose complex intra-abdominal conditions; to differentiate causes of bowel obstruction; to evaluate complications of hernia, pancreatitis, biliary obstruction, acute vascular compromise, and abdominal aneurysm; characterization and staging of tumors of the liver, pancreas, kidneys, bowel, reproductive organs, and lymphatic system; in surgical treatment planning; and in the diagnosis of postoperative complications). Therefore, based on guidelines and a review of the evidence, the request for 1 CT of the abdomen without contrast between 11/14/2014 and 1/2/2015 is not medically necessary.