

Case Number:	CM14-0208908		
Date Assigned:	12/22/2014	Date of Injury:	01/28/2009
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59-year-old gentleman with a date of injury of 01/28/2009. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 08/29/2014 indicated the worker was experiencing lower back pain and rib cage pain. The documented examination described a midline abdominal bulge with slight tenderness but no obvious hernia. The submitted and reviewed documentation concluded the worker was suffering from chronic lower back pain with bilateral leg radicular symptoms, probable diastasis recti (separation of the abdominal wall muscles), depression with anxiety, insomnia, and being overweight. Treatment recommendations included medications, a sleep study, CT of the abdominal wall to look for a hernia, and follow up care. A Utilization Review decision was rendered on 11/17/2014 recommending non-certification for CT imaging of the abdomen and focusing on the upper abdominal wall.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the abdomen focusing on upper abdominal wall: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtwc/hernia.htm>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27-28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Brooks, BC, et al. Overview of abdominal wall hernias in adults. Topic 3688, version 18.0. UpToDate, accessed 02/19/2015.

Decision rationale: A hernia involves a weakness in a muscle that allows an organ to go through it. Most abdominal hernias can be diagnosed with a thorough history review and a detailed examination. However, a small number of people can have a small hernia that requires imaging. The literature supports the use of an abdominal ultrasound when the suspected hernia involves the mid-upper abdomen, groin, lower back, bellybutton, spigelian fascia (side of the abdomen), or where the person had an incision in the past. CT is supported when the hernia involves the obturator foramen (deep in the pelvis), the lower back, the sciatic foramen in the pelvis, or the pelvic floor. The submitted and reviewed documentation concluded the worker was suffering from chronic lower back pain with bilateral leg radicular symptoms, probable diastasis recti (separation of the abdominal wall muscles), depression with anxiety, insomnia, and being overweight. The literature supports imaging with an ultrasound in this setting, not with a CT. There was no discussion describing special circumstances that supported this request. In the absence of such evidence, the current request for CT imaging of the abdomen and focusing on the upper abdominal wall is not medically necessary.