

Case Number:	CM15-0004475		
Date Assigned:	01/15/2015	Date of Injury:	05/22/2010
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 64 year old male, who sustained an industrial injury on May 22, 2010. He has reported back pain and right knee pain. The diagnoses have included lumbar decompression with fusion, lumbar stenosis, cervical spondylosis, bilateral chondromalacia of knees and incisional hernia. He was found to have umbilical and epigastric hernia, and underwent repair of umbilical and ventral hernias in 2013. He subsequently noted a bulge in the upper abdomen in the midline; a recurrent ventral hernia was diagnosed and surgery was recommended. On 8/11/14 the injured worker reported he still had a lump in his abdomen, with pain with certain movements; examination showed a ventral hernia bulge 11 by 7 centimeters and no inguinal hernias. On 9/23/14 a computed tomography (CT) scan of the abdomen and pelvis without contrast showed no definite ventral, abdominal, or inguinal hernias, and in particular no definite incisional hernias were identified. On 10/16/14, the physician documented that the injured worker had signs and symptoms of recurrent ventral hernia after prior repair with mesh, with negative CT scan. On 11/24/14, the injured worker complained of abdominal pain which was not constant and noted to remain the same, with some pain when standing. Physical examination on 11/24/14 showed a 3 cm bulge above the umbilicus, with no inguinal hernia noted. Assessment was probably recurrence of ventral hernia, and consideration of repeat CT scan was noted. On 12/11/14 the physician documented probable recurrence of inguinal hernia, possible diastasis, and documented that he was calling the radiologist. On December 23, 2014 Utilization Review non-certified a request for CT scan of abdomen and pelvis with contrast, noting that the reports have not established medical necessity for a CT scan of the pelvis, and

that the requesting provider said he did not request a repeat CT. The Official Disability Guidelines (ODG) was utilized in the Utilization Review determination. Application for independent medical review (IMR) is dated January 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Abdomen and Pelvis with contrast: 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) Treatment Index, 9th Edition (web), Hernia (updated 3/19/13), Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation hernia chapter: imaging

Decision rationale: The MTUS is silent with regards to imaging of the abdomen and pelvis for hernias. Per the ODG, imaging for hernias is not recommended except in unusual situations. Ultrasound is currently the imaging modality of choice when necessary for abdominal wall hernias. CT may have a place particularly with large complex abdominal wall hernias in the obese patient. There was no documentation that this injured worker had a large complex abdominal wall hernia or was obese. The injured worker had a CT scan of the abdomen and pelvis on 9/23/14 which was negative for hernia. Since that time, there was no documentation of worsening symptoms, and the size of the abdominal bulge by examination had decreased from the time of examination in August 2014 to the examination in November 2014. Serial examinations were negative for inguinal hernias, and no pathology, signs, or symptoms related to the pelvis were discussed. Due to lack of indication and lack of recommendation per the guidelines, the request for CT scan of the abdomen and pelvis with contrast is not medically necessary.