

Case Number:	CM15-0008243		
Date Assigned:	01/29/2015	Date of Injury:	09/26/2014
Decision Date:	03/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Indiana, New York
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 27 year old male with an industrial injury dated 9/26//2014. The mechanism of injury is documented as carrying an antenna, tripped over carpet and fell with injury to left shoulder, left wrist and abdomen. Initially the injured worker was placed on pain medication, muscle relaxants and anti-inflammatory medication. On 10/03/2014 x-ray of left shoulder/lumbar and left wrist were documented as normal. On 10/14/2014 at follow up the provider notes left lower abdomen "muscles knot", pain increases with palpation and radiates from left lower back. Diagnoses was left shoulder pain, left wrist pain and left abdominal pain. The injured worker was referred to internal medicine for abdominal pain and placed on modified duty. On 12/09/2014 the request for MRI of the abdomen was non-certified by utilization review. The following guidelines were cited: ODG, <http://ncbi.nlm.nih.gov/pubmedhealth/PMH0004253>, A.D.A.M. Medical Encyclopedia. MTUS, ACOEM does not address the request for MRI of the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) 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 (ODG), Hernia,

Imaging and on <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004253/>, Abdominal MRI scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hernia section, Imaging <http://www.acr.org/~media/8f5bc61adb114c5b9e46fe6914461d25.pdf>

Decision rationale: Pursuant to the Official Disability Guidelines and MEDLINE plus, MRI of the abdomen is not medically necessary. The guidelines under imaging (hernia section) states MRIs are not recommended except in unusual situations. Imaging techniques such as MRI, CAT scan and ultrasound (for hernia) are unnecessary except in unusual situations. Ultrasound can accurately diagnosed right hernias and this may justify its use in assessment of occult hernias. A magnetic resonance imaging scan provides detailed images inside the abdominal cavity. It is often used to clarify findings from earlier x-rays or CAT scans. The test may be used to look at blood flow in the abdomen, blood vessels in the abdomen, the cause of abdominal pain or swelling, because of abnormal blood test results, such as liver or kidney problems and lymph nodes in the act. MRI can distinguish tumors from normal tissues. MRI is sometimes used to avoid the dangers of angiography, too much radiation exposure and allergies iodine. In this case, the injured worker's working diagnoses are lumbar strain, rule out HNP, left shoulder impingement; left wrist, rule out tear of the triangular fibrocartilage complex (TFCC), rule out (illegible); and abdominal swelling at the left (illegible). Subjectively, the injured worker complains of pain in the left side of the abdomen. There is swelling and pain in left shoulder and wrist. The remainder of the subjective complaints is illegible. Objectively, physical examination of the abdomen reveals a "muscle knot". There is tenderness to palpation that radiates to the lower back. The remainder of the objective findings was illegible. Medications are not documented. Physicians plan includes a referral to internal medicine for the abdomen with acupuncture treatment, physical therapy, MRIs of the lumbar, left shoulder and abdomen. There is no rationale in the medical record for an MRI of the abdomen. The medical records not contain documentation of whether the abdominal pain was part of the original work-related injury. There are no lab tests, ultrasound or CAT scan of the abdomen. There is no clinical rationale in the medical record for an MRI of the abdomen. An MRI is often used to clarify findings from earlier x-rays or CAT scans. Additionally, in working up hernias, imaging studies such as MRI, CAT scan and ultrasound are unnecessary except in unusual situations. There are no unusual clinical facts regarding the abdominal pain. Consequently, absent clinical documentation to support an MRI of the abdomen with a clinical rationale and additional workup including laboratory work, ultrasound and stool heme test, MRI abdomen is not medically necessary.