

Case Number:	CM15-0136893		
Date Assigned:	07/24/2015	Date of Injury:	06/18/2012
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old male sustained an industrial injury on 6/18/12. He subsequently reported abdominal pain. Diagnoses include inguinal hernia. Treatments to date include surgeries and prescription pain medications. The injured worker continues to experience abdominal pain and cramping. Upon examination, the abdomen is soft but obese. There are multiple areas of abdominal incisional hernias throughout the abdomen. There are no scrotal masses. No scrotal hernias noted. There is no edema in the lower extremities. There are plus 1 distal pulses equally in the lower extremities. A request for CT scan of abdomen without contrast was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of abdomen without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for CT of the abdomen, California MTUS does not include guidelines for this particular request. The ODG state: "Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning) Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. These hernias often contain loops of air-filled bowel, which preclude adequate penetration of the sound beam by US. Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. If positive, this allows bilateral hernia repair at a single operation. (Bradley, 2003)" Within the documentation available for review, it appears this is an unusual situation. The patient has undergone hernia repair previously, and suffered recurrence of the hernia and has had multiple surgeries. There is documentation that the patient is overweight at 221 lbs and thus ultrasound is not a suitable modality. The patient has been following a general surgeon for his abdominal hernia and no planned elective hernia repair will occur until he loses more weight. However, what the requesting physician reports is increased lower quadrant abdominal pain, and given the entire clinical picture of recurrence hernias, multiple surgeries with the high probability of adhesions, and increased pain, it is reasonable to obtain CT of the abdomen to evaluate any acute or subacute causes. This request is medically necessary.