

<b>Case Number:</b>	CM15-0139074		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Emergency 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 25 year old male who sustained an industrial injury on 07/23/2014. Mechanism of injury occurred when he was digging a hole in his job as a landscaper and felt a pull in his lower abdomen. Diagnoses include abdominal pain, and other specific sites of sprains and strains. Treatment to date has included diagnostic studies, medications, and 1 physical therapy session. He works modified duty. He takes Naproxen for pain. A computed tomography of the abdomen showed no acute intra-abdominal or intrapelvic findings. There is moderate right sacroiliac joint hypertrophy with subchondral sclerosis along its anterior aspect. This could represent reactive stress changes. A physician progress note dated 06/17/2015 documents the injured worker has cramping in his lower abdomen and he rates his pain as a 6-7 out of 10 in severity. On examination, he has tenderness to palpation in the periumbilical region of about 6 inches in diameter especially in the infraumbilical region. No hernia was noted. The treatment plan includes an abdominal binder-back brace, use of a liniment and heating pad. Treatment requested is for a MRI abdomen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI abdomen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.acr.org/medla/ACR/documents/pgt/guidelines/MRI\\_abdomen.pdf](http://www.acr.org/medla/ACR/documents/pgt/guidelines/MRI_abdomen.pdf).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration GuidelinesHernia, Imaging.

**Decision rationale:** The requested MRI abdomen, is not medically necessary. CA MTUS is silent, Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Hernia, Imagin, noted: "Not recommended except in unusual situations." The injured worker has cramping in his lower abdomen and he rates his pain as a 6-7 out of 10 in severity. On examination, he has tenderness to palpation in the periumbilical region of about 6 inches in diameter especially in the infraumbilical region. No hernia was noted. The treating physician has not documented an unusual situation necessitating this imaging study. The criteria noted above not having been met, MRI abdomen is not medically necessary.