

Case Number:	CM15-0165706		
Date Assigned:	09/03/2015	Date of Injury:	09/06/2012
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 46 year old male, who sustained an industrial injury, September 6, 2012. According to progress note of June 10, 2015, the injured worker's chief complaint was low back and abdominal pain. The physical exam noted tenderness at C4-C5 and associated paraspinal muscles. The Spurling's test was positive bilaterally. There was tenderness in the upper trapezius and levator scapulae. There was pain with range of motion. The bilateral wrists and hand were positive for the Tinel's sign and Phalen's test over the carpal tunnel region. There was a 6cm scar down the left side of the umbilicus down vertical scar. There were two scars in the paraspinals from L3-L5 that were still healing. There was a lump or a ball on the left side of the abdominal scar around the umbilicus region at the surgical site. On July 6, 2015 a follow up appoint for the abdominal pain. The examination of the abdomen showed a possible hernia on the left side nest to the umbilicus, right next to the surgical site. The injured worker was undergoing treatment for lytic spondylolisthesis at L5-S1 with L5 radiculopathy, degenerative disc disease with spinal stenosis, large annular tear at L4-L5, lumbar spine intervertebral syndrome, lumbar spine spondylitis and or spondylolisthesis, cervical spine sprain and or strain, cervical spine radiculopathy and bilateral wrist sprain and or strain and rule out carpal tunnel syndrome. The injured worker previously received the following treatments lumbar posterior fusion at L4-L5 and L5-S1 with instrumentation on May 18, 2015. The RFA (request for authorization) dated the following treatments were requested an abdominal ultrasound. The UR (utilization review board) denied certification on August 10, 2015, for the request of an abdominal ultrasound. The injured worker was diagnosed with a hernia. The submitted

documentation did not suggest that the injured worker complaints were an "unusual situation". Therefore the medical necessity for the requested abdominal ultrasound was not established and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound abdominal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, web, Hernia.

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

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states that imaging for hernia evaluation is only indicated in unusual situation or presentations. This is not noted in the physical exam and therefore the request is not medically necessary.