

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0182855 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 01/09/2011 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for abdominal pain reportedly associated with an industrial injury of January 9, 2011. In a utilization review report dated August 21, 2015, the claims administrator approved an upper GI radiologic exam while denying an ultrasound of the gallbladder. The claims administrator referenced an August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 11, 2015, the applicant reported ongoing complaints of back, groin, and elbow pain. The applicant had issues with dyslipidemia, it was reported. The note was very difficult to follow, was some 10 pages long, and did mingle historical issues with current issues. The gastrointestinal review of systems was, however, seemingly negative for abdominal pain, nausea, or heartburn. Toward the bottom of the note, the attending provider then suggested that the claimant begin Nexium for such a reflux. The claimant was asked to undergo an upper GI series and/or gallbladder ultrasound to evaluate for esophagitis versus possible gastric ulcer versus gallstones. It was not explicitly stated why gallstones were suspected, although some sections of the note stated that the claimant did, at times, have severe back, flank, and/or chest pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of gallbladder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

<http://www.guideline.gov/content.aspx?id=47653> Guideline Title ACR Appropriateness Criteria® right upper quadrant pain. Bibliographic Source(s) Yarmish GM, Smith MP, Rosen MP, Baker ME, Blake MA, Cash BD, Hindman NM, Kamel IR, Kaur H, Nelson RC, Piorkowski RJ, Qayyum A, Tulchinsky M, Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria® right upper quadrant pain. [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 9 p. [44 references] Summary When AC is suspected in patients who have right upper quadrant pain, the diagnosis should be confirmed or excluded using US and/or cholescintigraphy. US is preferred as the initial imaging test, with supplemental cholescintigraphy used in problematic cases, if the latter could potentially alter patient management.

Decision rationale: Yes, the proposed ultrasound of the abdomen was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American College of Radiology (ACR) notes that ultrasound is the preferred imaging test for individuals with right upper quadrant pain and/or suspected gallstones, i.e., issues which the treating provider contended were present here on August 11, 2015. The claimant was described as having at-times severe complaints of back, flank, groin, and/or chest pain, which the attending provider contended were non-cardiac in nature and possibly the result of esophageal spasm, reflux, and/or gallstones. Moving forward with the same was indicated, given the relative frequency and severity of the claimant's complaints. Therefore, the request was medically necessary.