

<b>Case Number:</b>	CM15-0186161		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old male, who sustained an industrial injury on 10-24-2014. The medical records indicate that the injured worker is undergoing treatment for epigastric hernia at site of portal, loss of weight, and nausea. According to the progress report dated 8-17-2015, the injured worker presented for a follow-up post hernia repair. He notes that he has a lot of pain and discomfort. He reports that physical therapy is having him lift and he feels like the pain is getting worse. On a subjective pain scale, he rates his pain 0 out of 10. On physical examination, there was an obvious hernia, which felt like it is about 2 centimeter defect to 6 centimeters above the umbilicus. The current medications are not specified. Treatments to date include surgical intervention. Work status is described as modified duty. The treatment plan included ventral hernia repair with mesh. The original utilization review (9-3-2015) had non-certified a request for CT scan of the abdomen-pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography (CT) scan of the abdomen and/or pelvis with oral contrast:**

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 (updated 06/05/15) Online Version Computed tomography (CT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brooks, BC, et al. Overview of abdominal wall hernias in adults. Topic 3688, version 19.0. UpToDate, accessed 11/10/2015.

**Decision rationale:** A hernia involves a weakness in a muscle that allows an organ to go through it. Most abdominal hernias can be diagnosed with a thorough history review and a detailed examination. However, a small number of people can have a small hernia that requires imaging. The literature supports the use of an abdominal ultrasound when the suspected hernia involves the mid-upper abdomen, groin, lower back, bellybutton, spigelian fascia (side of the abdomen), or where the person had an incision in the past. Imaging with a CT scan is supported when the hernia involves the obturator foramen (deep in the pelvis), the lower back, the sciatic foramen in the pelvis, or the pelvic floor and when an ultrasound was done but was unable to fully show the area of concern. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back, abdomen, and pelvis. The worker had treatment for a hernia in the recent past. There was no discussion suggesting the reason this study was needed at the time it was requested or describing special circumstances that supported this request. In the absence of such evidence, the current request for CT imaging of the abdomen and pelvis with oral contrast is not medically necessary.