

Case Number:	CM15-0197615		
Date Assigned:	10/12/2015	Date of Injury:	02/08/2007
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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, 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 is a 53 year old male with a date of injury on 02-08-2015. The injured worker is undergoing treatment for worsened gastroesophageal reflux disease, irritable bowel syndrome-worsened, hemorrhoids, hypertension, palpitation-improved, rule out H Pylori, and hyperuricemia-rule out secondary to HCTZ. Physician progress notes dated 03-18-2015 to 07-20-2015 documents the injured worker reports continued complaints of uncontrolled dyspepsia and irritable bowel symptoms with diarrhea. He has epigastric tenderness present. Treatment to date has included diagnostic studies, and medications. Medications include Amlodipine, Atenolol, Dexilant, Ranitidine, Colace, Probiotics, ASA and Vitamin D. He receives Prozac and anti-anxiety medications from psyche. The injured worker was advised to discontinue Vicodin and use of NSAIDs. A urine drug screen was remarkable for Hydrocodone, Hydromorphone and Butalbital. On 07-20-2015, an abdominal ultrasound revealed a fatty infiltration of the liver. The gallbladder is partially contracted but there are likely gallstones. There is no wall thickening or pericholecystic fluid. The pancreas is obscured. There is a non-obstructing left renal stone. The treatment plan includes laboratory studies and pending are EKG, ICG and stress echo, abdominal ultrasound and H Pylori breathe test. He is pending a re-evaluation due to abdominal pain, constipation, diarrhea, and a urology for re-evaluation to rule out hematuria. On 09-11-2015 Utilization Review non-certified the request for an abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & chronic) update 7/15/15 and Pain Chapter (Chronic) updated 9/8/15.

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

Decision rationale: CA MTUS does not address diagnostic ultrasound of the abdomen. In this case, the patient has dyspepsia, diarrhea, irritable bowel symptoms, epigastric tenderness and is taking NSAID's. The patient underwent a previous abdominal ultrasound on 7/20/2015, which revealed a fatty liver and a partially contracted gall bladder with likely gallstones. The request is for a repeat ultrasound of the abdomen. The diagnostic yield for a repeat ultrasound is very low in this case. A CT scan or HIDA scan would both be higher yield tests. In addition, dyspepsia could certainly be secondary to NSAID's, so consideration for discontinuing them and/or a trial of a proton pump inhibitor should be made. The request for a repeat ultrasound of the abdomen is not medically necessary or appropriate.