

Case Number:	CM15-0198361		
Date Assigned:	10/13/2015	Date of Injury:	05/29/2009
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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 48-year-old male, who sustained an industrial injury on 5-29-2009. The injured worker is undergoing treatment for nausea and vomiting. On 10-16-14, he was seen in the emergency room and admitted for report of nausea, vomiting, headache and weight loss. There is notation of the injured worker having been inpatient and discharged 3 days prior to this date of service. A CT of the abdomen is noted to have been completed to "make sure no abdominal pathology was causing his vomiting". On 9-3-15, a letter for retroactive request for authorization of a CT scans of the abdomen completed on 10-16-2014. The provider noted the injured worker had visited the emergency room 5 years after the date of injury and is indicated to have revealed a tumor in the injured worker's brain. He is reported to suffer from headaches, dizziness, nausea, and vomiting. The treatment and diagnostic testing to date has included: CT scan of the brain (10-16-14), CT scan of the abdomen (10-16-14) reported to reveal no inflammation and mild prostatic enlargement otherwise normal, laboratory work (10-16-14). Medications have included promethazine, Reglan, lansoprazole, MS Contin, dexamethasone. Current work status: unclear. The request for authorization is for retrospective request for CT scan of the abdomen. The UR dated 9-18-2015: non-certified the retrospective requests for CT scan of the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for (CT) Scan of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-SPR Practice Parameter for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis Res. 32 - 2011, Amended 2014 (Res.[39](#))
http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/CT_Abdomen_Pelvis.pdf.

Decision rationale: It is unclear how patient has claimed head injury relates to the abdomen. This Independent Medical Review is based entirely on the medical necessity of the requested services and does not make any judgment concerning specific medical issues or body parts covered under claimed injury. Any of the issues needs to be determined by the insurance company, claimant, lawyers involved, and does not involved IMR process. There is no sections in MTUS Chronic pain, ACOEM guidelines of Official Disability Guidelines that directly pertain to CT scan of the abdomen. American College of Radiology guidelines noted above were used to determine medical necessity. Emergency Department note, admission H&P, consultant's notes and discharge summary were reviewed but several sections were redacted by the hospital for unknown reasons. Redacted sections limit medical review process. As per notes patient had noted vomiting but never had any documented abdominal pain on exam. Labs showed no signs consistent with infection or obstruction. There is no documentation of what concerns there was that necessitated CT scan of abdomen or why providers believes that nausea and vomiting is from abdomen pathology and not due to brain pathology. Vomiting alone with no specific concerns does not meet any ACR criteria for CT scans. Documentation fails to support medical necessity of a CT scan of the abdomen. Not medically necessary.