

<b>Case Number:</b>	CM15-0199738		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: 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 32 year old female, who sustained an industrial injury on 8-21-2009. The injured worker is being treated for lumbar disc disease with radiculopathy, cervical strain and gastrointestinal dysfunction by history. Treatment to date has included work modifications. Per the only medical record submitted, the Primary Treating Physician's Progress Report dated 5-28-2015, the injured worker reported low back pain with radiation to the legs and gastrointestinal problems persist. Objective findings included tenderness and decreased range of motion of the lumbar spine. Work status was modified. The plan of care included referral to an internist for gastrointestinal problems. On 9-22-2015, Utilization Review non-certified a request for computed tomography (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:

**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 Charalel RA, Jeffrey RB, Shin LK. Complicated cholecystitis: the complementary roles of sonography and computed tomography. Ultrasound Quarterly 2011; 27 (3): 161-70 and Evaluation of Nausea and Vomiting. Am Fam Physician. 2007 Jul 1; 76 (1): 76-84.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape/Abdominal Computed Tomography Scanning/<http://emedicine.medscape.com/article/2114236>.

**Decision rationale:** Abdominal CT scans are indicated to evaluate complex intra-abdominal conditions, bowel or biliary obstruction, hernia, pancreatitis, acute vascular compromise, abdominal aneurysm, acute abdominal pain particularly with concerns of renal calculi and acute appendicitis, and in the evaluation of trauma. The available medical record states this worker has gastrointestinal dysfunction. There is no discussion of pain or other symptoms for which a CT scan may be indicated. A detailed history and physical exam should be undertaken before ordering additional tests but the available record does not include a history and physical in regards to the gastrointestinal complaint. For many conditions, laboratory tests, upper or lower endoscopy and/or ultrasound is preferred over CT as the initial diagnostic tool. There is no indication from the available record that this worker has had other diagnostic work up. Therefore, the requested treatment is not medically necessary.