

<b>Case Number:</b>	CM15-0218687		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 40-year-old male who sustained an industrial injury on 4-27-11. A review of the medical records indicates that the injured worker is undergoing treatments for cervical radiculopathy status post lumbar decompression and fusion. Medical records dated 7-7-15 indicate pain rated at 3 out of 10 and a complaint of a "bulge in his abdominal scar." Provider documentation dated 7-7-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, lumbosacral spine radiographic studies (7-22-15), status post lumbar decompression and fusion, and cervical spine magnetic resonance imaging (9-21-15). Objective findings dated 7-7-15 were notable for "anterior wound has a non-tender bulge in the superior portion of the scar that is non-erythematous." Objective findings dated 9-29-15 were notable for cervical spine with tenderness to palpation to the paraspinal musculature with diminished sensation to bilateral C6 dermatomes. The original utilization review (10-8-15) denied a request for CT angiogram, abdomen & pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT angiogram, abdomen & pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9157852>.

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

**Decision rationale:** Medical records dated 7-7-15 indicate pain rated at 3 out of 10 and a complaint of a "bulge in his abdominal scar." Provider documentation dated 7-7-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, lumbosacral spine radiographic studies (7-22-15), status post lumbar decompression and fusion, and cervical spine magnetic resonance imaging (9-21-15). Objective findings dated 7-7-15 were notable for "anterior wound has a non-tender bulge in the superior portion of the scar that is non-erythematous." Objective findings dated 9-29-15 were notable for cervical spine with tenderness to palpation to the paraspinal musculature with diminished sensation to bilateral C6 dermatomes. The medical records provided for review indicate a condition of pain with reduced sensation but does not indicate the specific rationale for CT angiogram of the abdomen and pelvis. There is no indication of suspicion of infection or malignancy. As such, the medical records do not support medical necessity of CT angiogram congruent with ODG guidelines.