

Case Number:	CM15-0030418		
Date Assigned:	02/24/2015	Date of Injury:	09/24/2013
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 9/24/2013. The diagnoses have included cervical strain, lumbar strain, chronic pain syndrome, lumbar and cervical radiculopathy and abdominal pain. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 1/6/2015, the injured worker complained of pain in her neck, low back, left wrist and left upper extremity. She reported having a sacroiliac (SI) joint injection a few weeks ago which helped. She reported that her pain was slowly returning. The injured worker stated that she was still having severe left shoulder pain and dysfunction. She was concerned about her continued abdominal pain; she was waiting for the referral for the computerized tomography (CT) scan. She was also requesting a referral to a specialist regarding her daily headaches and vision changes. She reported that her left vision in the morning was horrible. Physical exam revealed muscle tightness and myofascial restrictions over the cervical spine. There was mild abdominal distention and significant tenderness to palpation in the left upper quadrant. There was tenderness to palpation of the lumbar spine with related muscle spasms. It was noted that an abdominal ultrasound completed on 11/7/2014 revealed a 1.3cm cyst which appeared to be adjacent to or superficial to the left lower lobe of the liver. Computerized tomography (CT) scan of the abdomen was recommended. Authorization was requested for a referral to neurology for consultation and treatment of the injured worker's headaches and blurred vision. On 1/20/2015, Utilization Review (UR) non-certified a request for a neurological consult and an abdominal computerized tomography (CT)

scan. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurological Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7.

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

Decision rationale: MTUS is silent regarding visits to a neurology specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The employee has no documentation on physical exam of any neurological deficits. Furthermore, there is no discussion as to the specific questions in diagnosis that a neurologist would answer. Therefore, the request for a neurological consult is not medically necessary.

1 Abdominal computed tomography scan: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Imaging Management: Diagnostic Imaging Utilization Management 2010-2011 Program Guidelines v.6.1.9 Effective Date: August 16, 2010.

Decision rationale: MTUS and ODG are silent with regards to abdominal CT's. The guidelines cited above state: "ABDOMINAL PAIN UNEXPLAINED BY CLINICAL FINDINGS, INCLUDING PHYSICAL EXAMINATION AND OTHER IMAGING STUDIES. Choice of the best diagnostic imaging exam to evaluate abdominal pain is dependent on the location of the pain

as well as other factors (such as severity of pain; associated symptoms; laboratory findings; age pediatric versus adult patient). The following studies represent alternative imaging for abdominopelvic pain, in specific clinical scenarios:-Ultrasound: 1. For right upper quadrant pain, in all age groups Abdominal Ultrasound is often the initial study of choice for evaluation of the Gallbladder and Biliary Tract. 2. For abdominal symptoms in the pediatric population Abdominal Ultrasound frequently provides diagnostic information, without incurring radiation exposure from CT. 3. For pelvic symptoms in females Pelvic Ultrasound (trans-abdominal and trans-vaginal scans) usually provides excellent anatomic depiction of the uterus, adnexal structures and cul-de-sac-Plain. Abdominal Radiographs: For initial evaluation of the bowel gas pattern, abnormal abdominal calcifications, pneumoperitoneum and other abnormalities. Barium Examination or Endoscopy: For symptoms related to the gastrointestinal tract, such as epigastric pain secondary to peptic ulcer disease. In many other circumstances, abdominal CT may be indicated for evaluation of unexplained abdominal pain." There is unexplained abdominal pain, along with a previously done ultrasound which showed an unexplained nodule. Therefore, the request for abdominal CT is medically necessary.