

<b>Case Number:</b>	CM15-0035646		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 61-year-old male who sustained an industrial related injury on 11/29/13. The injured worker had complaints of low back pain that radiated to the left lower extremity with numbness and tingling in the left foot. The injured worker stated that he drags his left foot. Chills, excessive sweating, anxiety, stress, and insomnia were also noted. Diagnoses included persistent pain of unknown etiology and he was status post anterior and posterior combined decompression and fusion at L5-S1 with residual leg pain and mild back pain. Medications included Valium, Percocet, and Ultram. The treating physician requested authorization for a computed tomography scan of the abdomen. On 1/30/15, the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted there were no documented indications with corroborating history and exam findings for the requested scan. Therefore, the request was non-certified.

### 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 Official Disability Guidelines (ODG) Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hernia, Imaging.

**Decision rationale:** The request is to rule out a hernia. According to the Official Disability Guidelines, abdominal CT to rule out hernia is not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary, except in unusual situations. There is no documentation of an unusual situation or problem requiring an imaging study. CT scan of the abdomen is not medically necessary.