

Case Number:	CM15-0044733		
Date Assigned:	03/16/2015	Date of Injury:	03/15/2002
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70 year old male, who sustained an industrial injury on 03/15/2002. The injured worker is currently diagnosed as having herniated nucleus pulposus. Treatment to date has included spinal fusion, back brace, trigger point injections, and medications. In a progress note dated 02/03/2015, the injured worker presented with complaints of fullness in his left flank. The treating physician reported advised that it could represent either a hernia or possibly abdominal wall muscle paralysis and is still awaiting the recommended CT scan of the abdomen with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of abdomen/left flank with and without contrast: 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 Official Disability Guidelines (ODG) Hernia, Imaging.

Decision rationale: The claimant is more than 10 years status post work-related injury and has symptoms of left flank fullness with a suspected abdominal hernia. Ultrasound is currently the imaging modality of choice when assessing for groin and abdominal wall hernias. Although computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient, the claimant is not described as obese and therefore the requested CT scan is not medically necessary.