

Case Number:	CM15-0047626		
Date Assigned:	03/19/2015	Date of Injury:	02/12/2012
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on February 12, 2012. She reported an injury to her back and left leg. The injured worker was diagnosed as having umbilical hernia repair with repair in February 2014. Treatment to date has included umbilical hernia repair. Currently, the injured worker complains of abdominal pain with coughing and bending which she reports is rated a 4 on a 10-point scale. On examination, she exhibits tenderness to palpation of the left upper quadrant of the abdomen. There is no evidence of incarcerated or strangulated hernia. The treatment plan includes CT scan of the abdomen, general surgical consultation, Kera-Tek analgesic gel, and review of the operative report from the hernia repair in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Pelvic CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/2114236-overview#aw2aab6b2b2>.

Decision rationale: Pursuant to Medscape.com, abdominal and pelvic CAT scan or not medically necessary. Abdominal Scanning is used in the emergency setting to diagnose complex intra-abdominal conditions, differentiate causes of bowel obstruction, and to evaluate complications of hernia, pancreatitis, biliary tract obstruction, acute vascular compromise and abdominal aneurysms. It is also used in surgical treatment planning and the diagnosis of postoperative complications. In this case, the injured worker's working diagnoses are lumbar disc herniation L5 - S1 status post spinal fusion; 3 mm disc protrusion L2 -L3; annular tear at L3 - L4; electrodiagnostic evidence of chronic L5 denervation; history of umbilical hernia repair; and recurrent hernia. The treating orthopedist noted in a progress note dated January 20, 2015 the injured worker was having increasing abdominal pain with coughing and bending. Objectively, there was tenderness in the left upper quadrant with no signs of incarcerated or strangulated hernia. The worker saw a general surgeon in consultation on November 10, 2014. According to the utilization review, general surgeon made a diagnosis of the current umbilical hernia. There was no report in the medical record for review. A diagnosis of recurrent umbilicus hernia was made clinically. There is no clinical indication or rationale for a CAT scan of the abdomen and pelvis (requested by the treating orthopedist). There is no clinical indication or rationale once a diagnosis is made clinically. Consequently, absent clinical documentation with a clinical indication and rationale for a CAT scan of the abdomen and pelvis, abdominal and pelvic CAT scan are not medically necessary.