

Case Number:	CM15-0048377		
Date Assigned:	03/20/2015	Date of Injury:	09/22/1997
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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, with a reported date of injury of 09/22/1997. The diagnoses include abdominal pain, gastritis, and abdominal bloating. Treatments to date have included oral medications. Currently, the injured worker complains of abdominal pain and abdominal bloating. The gastroenterology consultation dated 01/26/2015 indicates that the injured worker had a past medical history of stomach ulcer in 2009. It was noted that the abdominal pain was probably neuropathic in origin. The treating physician indicated that the injured worker needed to have a work-up including an esophagogastroduodenoscopy (EGD), colonoscopy, an abdominal ultrasound, and laboratory studies. The treating physician requested an abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Treatment of Peptic Ulcer Disease www.aafp.org, Journals, afp, Vol. 91/No. 4(February 15, 2015).

Decision rationale: According to the referenced guidelines, peptic ulcer can be diagnosed based on symptoms and correlated with an EGD. H.Pylori testing maybe beneficial as well. In this case, there was no indication of appendicitis, aneurysm, or perforated gastric ulcer that would indicate the need for an abdominal ultrasound. Another EGD was ordered and a prior EGD from 2009 indicated a stomach ulcer. The request for an abdominal ultrasound is not medically necessary.