

Case Number:	CM15-0050048		
Date Assigned:	03/23/2015	Date of Injury:	05/21/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 57 year old male, who sustained an industrial injury on May 21, 2013. He reported feeling a pop in his back and experiencing pain to his back, buttocks and leg. The injured worker was diagnosed as having lumbar spine strain. Treatment to date has included diagnostic studies, surgery, injections and medications. On February 11, 2015, the injured worker complained of constant low back pain with radiation to his hips. He reported constant right lower extremity pain associated with numbness, tingling, weakness, tripping and falling. He also noted tremor of his hands. The treatment plan included brain MRI, thyroid function test and neuropsychological evaluation along with a neurological re-evaluation. No medical reports from the requesting provider are included for review. The utilization review report noted that the patient has tenderness and pain in the midepigastic region as well as nausea and pain in the right upper quadrant after eating. The diagnosis was noted to be GERD, rule out cholelithiasis.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>.

Decision rationale: Regarding the request for abdominal ultrasound, CA MTUS and ODG do not address the issue. Abdominal ultrasound is indicated for a multitude of conditions, including abdominal pain. Within the documentation available for review, no medical reports from the requesting provider are included, but the utilization review report noted that the patient has tenderness and pain in the midepigastic region as well as nausea and pain in the right upper quadrant after eating. The diagnosis was noted to be GERD, rule out cholelithiasis. There are no clinical findings highly suggestive of cholelithiasis and there is no indication of failure of empirical treatment for gastritis/duodenitis prior to consideration for advanced imaging. In light of the above issues, the currently requested abdominal ultrasound is not medically necessary.