

Case Number:	CM15-0051899		
Date Assigned:	03/25/2015	Date of Injury:	01/16/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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 46-year-old male, who sustained an industrial injury on 01/16/2013. He has reported subsequent back and right upper extremity pain and was diagnosed with lumbar discopathy with radiculitis and nerve entrapment of the right upper extremity. Other diagnoses included gastroesophageal reflux disease and right inguinal hernia. Treatment to date has included oral pain medication. In a progress note dated 02/23/2015, the injured worker complained of increasing pain in the right upper quadrant of the abdomen, especially after eating as well as occasional reflux. Objective findings were notable for positive Murphy's sign and tenderness of the mid-epigastric region of the abdomen and mid-suprapubic region. The physician noted that there was a high suspicion that the injured worker had cholelithiasis and that an abdominal ultrasound was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasounds abdominal ultrasound, lumbar spine: 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) Hernia Chapter, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical and Nonsurgical management of gallstones. SHERLY ABRAHAM, MD; HAIDY G. RIVERO, MD; IRINA V. ERLIKH, MD; LARRY F. GRIFFITH, MD; and VASANTHA K. KONDAMUDI, MD, The Brooklyn Hospital Center, Brooklyn, New York Am Fam Physician. 2014 May 15;89(10):795-802.

Decision rationale: This independent medical review is regarding a request for an "abdominal ultrasound, lumbar spine." MTUS, ACOEM, and ODG do not address this request. This patient presented with right upper quadrant pain made worse with meals. Physical exam was positive for a Murphy's sign. Cholelithiasis was appropriately suspected. A right upper quadrant ultrasound is the standard of care and is absolutely medically necessary, broadly speaking. But, gall bladder disease in this setting is not a workman's compensation issue. This request is not considered medically necessary.