

Case Number:	CM15-0052222		
Date Assigned:	04/29/2015	Date of Injury:	11/10/1995
Decision Date:	05/28/2015	UR Denial Date:	02/16/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 60-year-old male who sustained an industrial injury on 11/10/1995. Diagnoses include lumbosacral neuritis, brachial neuritis, and Joint derangement of the ankle. Treatment to date has included medications. Diagnostics included MRIs and electro diagnostic testing. According to the progress notes dated 2/4/15, the IW reported difficulty controlling his bowel movements and urinary function. A request was made for a CT scan of small intestine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT scan of small intestine: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 11/10/1995. The medical records provided indicate the diagnosis of lumbosacral neuritis, brachial neuritis, and Joint derangement of the ankle. Treatment to date has included medications. The medical records

provided for review do not indicate a medical necessity for One CT scan of small intestine. The medical records reviewed do lack detailed history of the abdominal complaint; there was no abdominal, urological, and neurological examination. The MTUS recommends that diagnostic tests be done in the context of information from thorough history and physical examination. Therefore is not medically necessary.