

<b>Case Number:</b>	CM15-0082987		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/12/2011
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 39 year old male with an industrial injury dated 03/12/2011. Progress note dated 12/08/2014 documents the initial injury as a lower back injury. There is a progress note dated 09/30/2014 that documents complaints of abdominal pain, acid reflux and nausea. Treatment plan consisted of Protonix, Zantac, H Pylori breath test and abdominal ultra sound. Progress note dated 04/06/2015 noted "medications dispensed." Omeprazole and Pantoprazole prescription information are stamped on this note. There is a progress note dated 04/14/2015 noting the injured worker was complaining of reflux, pain in the mid epigastric region and right upper quadrant of the abdomen. Physical exam revealed tenderness in the mid epigastric region and right upper quadrant of the abdomen. Other progress notes available relate to the orthopedic injury. His diagnoses included gastroesophageal reflux disease, rule out cholelithiasis and orthopedic condition. Prior treatment included Zantac, Omeprazole and Protonix. The injured worker stated Protonix helped and Zantac and Omeprazole did not. Treatment plan included abdominal ultrasound to rule out cholelithiasis, H. pylori breath test and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abdominal ultrasound body part: abdomen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. The National Library of Medicine cites that An abdominal ultrasound can identify conditions such as cholecystitis and gallstones. Within the documentation available for review, the patient has complaints of right upper quadrant pain and a positive Murphy's sign is present on exam, which are suspicious for gall bladder pathology. In light of the above, the currently requested abdominal ultrasound is medically necessary.