

<b>Case Number:</b>	CM14-0111335		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 whose date of injury was 1-13-2008 although the reviewed records do not say what type of injury occurred. He has the diagnosis of lumbar disc disease, post laminectomy syndrome, and thoracic/lumbar neuritis. We know that there has been implantation of a spinal cord stimulator. We also know that an inflatable penile prosthesis was placed in late 2013. Post operatively, the IW complained of scrotal pain and pain at the penile tip. The physical exam has revealed tenderness in the right inguinal canal. The treating physician has been concerned about prosthesis erosion into the bladder and possibly a pelvic/abdominal abscess and ordered a cystoscopy and a CT scan of the abdomen and pelvis with contrast. The cystoscopy did not reveal erosion of the prosthesis into the bladder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan Abdomen pelvis , with and without contrast:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology: Evaluation of suspected abdominal abscess.

**Decision rationale:** Evaluation for a possible pelvic or abdominal abscess is not well addressed by the ODG or MTUS guidelines. The American College of Radiology compares ultrasound with CT imaging for this purpose. Ultrasound may be useful in selected conditions, including cholecystitis, cholangitis, liver abscess, diverticulitis, appendicitis, and small-bowel inflammation, where it may be used to assess activity of Crohn disease. While US may be able to depict portions of an abscess or malignancy (such as lymphoma), it is blind to many areas of the abdomen, particularly in the presence of increased bowel gas or free air. The shortcomings of US are partially offset by its lack of ionizing radiation, particularly in younger patients. Computed Tomography. In general, CT is the most important modality in evaluating non-pregnant patients with abdominal pain, more so in those with fever. Several studies have shown that CT improves the final diagnosis and management of patients who present with abdominal pain. Two reports have found CT to be superior to clinical evaluation for finding the cause of abdominal pain. CT interpretation was correct in 90% to 96% of cases, while clinical evaluation was correct in 60% to 76% of cases. Additionally, the use of CT in patients with acute abdominal pain increases the emergency department clinician's level of certainty and reduces hospital admissions by 24%. The previous utilization review suggested that ultrasound was the best way to assess for a possible inguinal hernia. However, the concern is for a possible pelvic/abdominal abscess. Therefore, CT scan abdomen/ pelvis, with and without contrast is medically necessary.