

Case Number:	CM14-0138133		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2013
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 45-year-old male with a 8/2/13 date of injury. At the time (7/17/14) of request for authorization for abdominal ultrasound with MRI (Magnetic Resonance Imaging), there is documentation of subjective (hypertension, left lower quadrant abdominal pain, sensation of a fullness or a soft tissue mass in the left lower quadrant, and pain radiating to the left flank and lower back) and objective (mild tenderness over the left lower quadrant without any palpable mass) findings, current diagnoses (myofascial strain), and treatment to date (medications). There is no (clear) documentation of unusual situations, the need to accurately diagnose groin hernias, or for assessment of occult hernias.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Ultrasound with MRI (Magnetic Resonance Imaging): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Hernia, ultrasound, diagnostic and imaging

Decision rationale: MTUS does not address this issue. ODG identifies documentation of unusual situations, the need to accurately diagnose groin hernias, or for assessment of occult hernias, as criteria necessary to support the medical necessity of abdominal imaging. Within the medical information available for review, there is documentation of a diagnosis of myofascial strain. However, despite documentation of subjective (hypertension, left lower quadrant abdominal pain, sensation of a fullness or a soft tissue mass in the left lower quadrant, and pain radiating to the left flank and lower back) and objective (mild tenderness over the left lower quadrant without any palpable mass) findings, there is no (clear) documentation of unusual situations, the need to accurately diagnose groin hernias, or for assessment of occult hernias. Therefore, based on guidelines and a review of the evidence, the request for abdominal ultrasound with MRI (Magnetic Resonance Imaging) is not medically necessary.