

Case Number:	CM14-0176024		
Date Assigned:	10/29/2014	Date of Injury:	09/19/2014
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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:

Patient is a 43-year-old male who has submitted a claim for Spigelian hernia associated with an industrial injury date of 9/19/2014. Medical records from 2014 were reviewed. The patient complained of sudden onset right upper quadrant abdominal pain. It was described as sharp and crampy, and nonradiating. There were no associated symptoms. Physical examination showed a 5 x 10 cm lump at the right upper quadrant area. The abdomen was flat. Bowel sounds were normal. Mild tenderness and guarding were noted. Murphy's sign, Rovsing sign and psoas signs were all negative. An umbilical hernia was palpated. There was no pulsatile mass. Anthropometric examination showed a height of 5 feet and 9 inches, weight of 180 pounds, and body mass index of 26.8 kg/m². Treatment to date has included medications. Utilization review from 10/9/2014 denied the request for CT scan of the abdomen. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the 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 Official Disability Guidelines (ODG) Hernia, Imaging

Other Medical Treatment Guideline or Medical Evidence: ACR-SPR Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis Res. 32 - 2011

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Hernia Chapter was used instead. ODG does not recommend imaging techniques such as MRI, CT scan, and ultrasound except in unusual situations. Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands, US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. ACR-SPR Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen states that patients with known or suspected abdominal masses should undergo CT scan. In this case, patient complained of sudden onset right upper quadrant abdominal pain. It was described as sharp and crampy, and nonradiating. There were no associated symptoms. Physical examination showed a 5 x 10 cm lump at the right upper quadrant area. Mild tenderness and guarding were noted. The abdomen was flat. Bowel sounds were normal. There was no pulsatile mass. Working impression was Spigelian hernia. Given that patient presented with abdominal mass and no diagnostic imaging had been performed to date, a CT scan may be a reasonable option at this time. Guideline criteria were met. Therefore, the request for CT scan of the abdomen was medically necessary.