

Case Number:	CM14-0185540		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine, has a subspecialty in Allergy and Immunology and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 03/01/2007. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical spine sprain/strain, cervical spine radiculopathy rule out, rule out umbilical hernia, low back pain, status post lumbar spine surgery, lumbar spine sprain/strain, rule out radiculitis lower extremity, hypertension, anxiety disorder, mood/sleep disorder, psychosexual dysfunction and stress. Past medical treatment consists of acupuncture, surgery, cold unit therapy, pain pump, occupational therapy, physical therapy, the use of a back brace, bone growth stimulator and medication therapy. Medications consist of Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine and ketoprofen cream. No pertinent diagnostics were submitted for review. On 10/09/2014, the injured worker complained of sharp stabbing pain in the abdomen. It was noted on physical examination that the pain rate was 6/10. Physical examination of the abdomen revealed that there was slight swelling noted at the umbilicus. On palpation, there was no rebound tenderness over all quadrants. The provider feels an ultrasound of the abdomen is necessary to rule out hernia. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of 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

Decision rationale: The request for ultrasound (US) of the abdomen is medically necessary. According to the ODG, they do not recommend ultrasounds of the abdomen except in unusual situations. Ultrasound can accurately diagnose groin hernias and this may justify its use and assessment of occult hernias. In experienced hands, US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. CTs may have a place, particularly with large complex abdominal wall hernias in the obese patient. These hernias often contain loops of air filled bowel, which preclude adequate penetration of the sound beam by US. Clinically obvious hernias do not meet ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect that clinically acute hernia. The submitted documentation dated 10/09/2014 indicated that the injured worker had slight swelling noted at the umbilicus. It was also documented that the injured worker had complaints of sharp stabbing pain at the abdomen. It was noted that he rated the pain at a 6/10. The pain was described as constant, moderate to severe. The pain was aggravated with coughing, sneezing and with anything that increased the intra-abdominal pressure, such as going to the bathroom. According to the ODG, ultrasounds may be used to confirm hernia. Given the above, the injured worker is within ODG recommended guideline criteria. As such, the request is medically necessary.