

Case Number:	CM14-0186220		
Date Assigned:	11/14/2014	Date of Injury:	08/20/2009
Decision Date:	12/31/2014	UR Denial Date:	10/29/2014
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 and is licensed to practice in New York. 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 claimant is a 60-years old male who sustained an industrial injury on 08/20/2009. The mechanism of injury was not provided or review. His diagnoses include injuries to the internal organs with a psychological component. He continues to complain of nausea and abdominal pain in the left lower abdomen. On physical examination bowel sounds were normal and there was no reported abdominal tenderness to palpation. The claimant has been authorized to undergo a colonoscopy and esophagogastroduodenoscopy. The treating provider has requested an abdominal/pelvic CT scan with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the abdomen and pelvis with and without contrast: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Indications for CT of the abdomen/pelvis

Decision rationale: The requested CT scan is not medically necessary. Abdominal/Pelvis CT scanning is used to diagnose complex intra-abdominal conditions, to differentiate causes of

bowel obstruction, and to evaluate complications of hernia, pancreatitis, biliary obstruction, acute vascular compromise, and abdominal aneurysm. Given the review of the claimant's clinical picture and lack of findings on physical exam the requested CT scan is not medically necessary. He should undergo the authorized procedures (colonoscopy and esophagogastroduodenoscopy) prior to proceeding with any other studies. Medical necessity for the requested item has not been established. The requested item is not medically necessary.