

Case Number:	CM14-0211690		
Date Assigned:	12/24/2014	Date of Injury:	06/04/2013
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 30-year-old male with a 6/4/13 date of injury. At the time (11/4/14) of request for authorization for 1 CT scan of pelvis with oral contrast to rule out hernia, there is documentation of subjective (abdominal pain) and objective (no hernia palpated) findings, current diagnoses (abdominal pain), and treatment to date (medications). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which CT of the pelvis is indicated (sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of pelvis with oral contrast to rule out hernia: 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 Official Disability Guidelines (ODG) Hip & Pelvis, CT (computed tomography).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which CT of the pelvis is indicated (such as sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction), as criteria necessary for the medical necessity of CT of the hip/pelvis.. Within the medical information available for review, there is documentation of a diagnosis of abdominal pain. However, despite documentation of subjective (abdominal pain) findings, and given documentation of objective (no hernia palpated) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which CT of the pelvis is indicated (sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction). Therefore, based on guidelines and a review of the evidence, the request for 1 CT scan of pelvis with oral contrast to rule out hernia is not medically necessary.