

Case Number:	CM14-0217479		
Date Assigned:	01/07/2015	Date of Injury:	03/09/1972
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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, Massachusetts

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:

The injured worker is a 71 year old male who was injured on 3/10/72 from an unknown mechanism of injury. He had undergone an L2-3 laminectomy on 09/05/14 and according to 12/4/14 clinic note he reports 3/10 pain decreased from 9/10 prior to his surgery. According to 1/15/15 neurosurgery follow-up he had "substantial improvement since the operation". He can walk up to 12 feet before developing back pain. On neurological examination there is sensory loss at the anterior thigh and dorsal aspect of the right foot. The gait is slow and surgical incision is well healed. Diagnoses are status post laminectomy and neurogenic claudication at L2-3. Impression is that the patient is doing well and undergone physical therapy which is helping. Plan is also roxicodone 15mg one table every six hours for incisional pain following the operation as well as residual epidural fibrosis that is caused by the lumbar surgery. According to 1/28/15 abdominal MRI, the patient has had three past hernia repair most recently in 1995. He continues to have pain at incision site since surgery. Impression is that of persistent fascial defect located above surgical site and abdominal wall muscle atrophy with bulging of the abdominal contents. There is no evidence of bowel obstruction and no mention of hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz's Principles of Surgery 10th edition., Abdominal Wall, Omentum, Mesentery, and Retroperitoneum Chapter. Abdominal Wall Hernias section

Decision rationale: The peer reviewer determined that abdominal MRI is not medically necessary because the CA MTUS does not address the request and that the complaints of intermittent abdominal pain do not warrant MRI of the abdomen without evidence of a hernia on physical exam. According to my review of the record, recent clinic notes from December of 2014 do not mention abdominal pain, nausea, vomiting or any other symptoms that would indicate abdominal hernia. Additionally there are no physical exam findings to support this. The abdominal site pain is attributed to scar pain and fibrosis and not hernia. Additionally according to the cited surgical textbook, MRI is not an excepted method of evaluating potential abdominal wall hernias. Consequently MRI of the abdominal wall is not necessary.