

Case Number:	CM14-0217635		
Date Assigned:	01/07/2015	Date of Injury:	02/28/2012
Decision Date:	03/19/2015	UR Denial Date:	11/26/2014
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old male sustained a work related injury on 02/28/2012. According to a progress report dated 08/28/2014, the injured worker had a history of chronic neck, back and knee pain following a slip and fall at worker approximately 1 years ago. He had been taking opioid and NSAID (nonsteroidal anti-inflammatory drugs) medications for this industrial injury for all this time. The provider was seeing the injured worker for a metabolic workup. The injured worker complained of chronic intermittent episodes of vomiting. He also complained of upper abdominal bloating and intermittent episodes of constipation and diarrhea and having a small amount of blood with bowel movements occasionally. Past medical history included rheumatoid arthritis. Examination of the abdomen revealed normal active bowel sounds, soft non-tender abdomen and no masses. Diagnoses included rule out opioid induced hypogonadism, chronic pain syndrome from his industrial related orthopedic injuries, depression, mastitis right breast and gastritis. The provider requested authorization for a gastroenterology referral for evaluation of gastrointestinal complaints on an industrial basis due to medications, a CT of the abdomen and pelvis due to chronic NSAID, opiate, stress and anxiety from chronic pain, rule out serious pathology and an ultrasound of the gallbladder and biliary duct to rule out serious pathology. On 11/26/2014, Utilization Review non-certified ultrasound gallbladder and biliary duct to rule out pathology. According to the Utilization Review physician, the exam dated 08/28/2014 did not note any abdominal findings. A diagnosis of gastritis was given. The Official Disability Guidelines do not recommend imaging in opioid or NSAID (nonsteroidal anti-inflammatory

drugs) related gastrointestinal dysfunction, nor is imaging a first line evaluation for gastritis. The Official Disability Guidelines Pain (Chronic) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Gall Bladder and Biliary Duct to R/O Pathology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com>; Computed tomography of the hepatobiliary tract

Decision rationale: Uptodate states "Computed tomography (CT) can be used to image the hepatobiliary system, with perhaps the exception of the gallbladder, which is better imaged with ultrasound. Magnetic resonance cholangiopancreatography (MRCP) is superior to CT for evaluating the biliary tract, but CT is useful for hepatic imaging and in cases where it is not clear whether a problem is originating in the liver, gallbladder, or bile ducts. CT allows for a more thorough evaluation of the liver and other abdominal structures than ultrasound, is less dependent upon operator skills, and can be obtained despite obesity, overlying bowel gas, or ascite."The patient underwent an abdominal x-ray, CT scan of the abdomen pelvis and then an US of the liver, gallbladder, and biliary duct on 9/29/14. Considering that the CT showed fatty infiltration of the liver and pancreas, an ultrasound of the hepatobiliary system was needed to rule out gallbladder and biliary duct disease. As such, the request for Ultrasound of Gall Bladder and Biliary Duct was medically necessary.