

<b>Case Number:</b>	CM14-0217965		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old male with an industrial injury on 02/28/2012. The mechanism of injury is documented as a fall at work resulting in chronic neck, back and knee pain. He complained of chronic episodes of vomiting and upper abdominal bloating along with constipation and diarrhea. There are reports dated 10/01/2014 of x-rays of abdomen and pelvis showing radiopaque foreign bodies in the abdomen. CT of the abdomen was done the same day showing two radiopaque metallic foreign bodies present within the splenic hilum, most likely representing sequel of coiling procedure and fatty infiltration of the liver and pancreas. CT of pelvis showed distended bladder, otherwise unremarkable. Gallbladder ultrasound was unremarkable. Diagnoses include gastritis, chronic pain syndrome from his industrial related orthopedic injuries and depression. On 11/26/2014 a request for CT of the abdomen and pelvis to rule out pathology was denied by utilization review. MTUS and ACOEM are silent. ODG and ACR-SPR Practice Parameter for the performance of computed tomography of the abdomen and computed tomography of the pelvis - amended 2014 were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Abdomen and Pelvis to R/O pathology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/2114236-overview#showall>

**Decision rationale:** Pursuant to the Official Disability Guidelines, CAT scan of the abdomen and pelvis to rule out pathology is not medically necessary. The Official Disability Guidelines section hernia, imaging states imaging is not recommended except in unusual situations. Imaging techniques such as MRI, CAT scan and ultrasound are unnecessary except in unusual situations. Abdominal CT scanning is used in the emergency setting to diagnose complex intra-abdominal conditions, to differentiate causes of bowel obstruction and to evaluate complications of hernia, pancreatitis, and biliary obstruction, acute vascular compromise and the abdominal aneurysm. In this case, the injured worker's working diagnoses are rule/out opiate induced hypogonadism; chronic pain syndrome from his industrial related orthopedic injuries; depression; mastitis right breast; and gastritis. There is no request for authorization in the medical record with a specific clinical indication present. A progress note dated August 28, 2014 contains the request for the CAT scan of the abdomen and pelvis. Subjectively, the injured worker complains of chronic intermittent episodes of vomiting, intermittent bloating and intermittent episodes of constipation and diarrhea. Physical examination on August 28, 2014 of the abdomen stated there were normal active bowel sounds, soft, non-tender, no masses in the abdominal physical examination section. Despite the unremarkable objective findings, the treating physician's rationale for the CAT scan included: "I am requesting authorization for a CT scan of the abdomen and pelvis on an industrial basis due to chronic nonsteroidal anti-inflammatory, opiate and stress and anxiety from chronic pain, rule out serious pathology". This is not a clinical indication or rationale for a CAT scan of the abdomen and pelvis. There is no clinical indication or rationale for a CAT scan of the abdomen and pelvis in the presence of a normal abdominal physical examination. Consequently, absent clinical documentation to support a clinical indication or rationale for CT scan of the abdomen and pelvis, CAT scan of the abdomen and pelvis to rule out pathology is not medically necessary.