Case Number:	CM14-0041846		
Date Assigned:	07/02/2014	**Date of Injury:**	03/13/1997
Decision Date:	07/17/2015	**UR Denial Date:**	03/18/2014
Priority:	Standard	**Application Received:**	04/09/2014

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:

The injured worker is a 57 year old male who sustained a work related injury March 13, 1997. He slipped and fell outside on ice, landing on his back on a concrete surface. He felt immediate pain in both shoulders and low back. He was treated with medication, a lumbar support, and physical therapy. Past history included lumbar laminectomy L3-4 1998, lumbar laminectomy L4-5, 2000, spinal cord stimulator 2001, lumbar fusion 2004, left shoulder arthroscopic surgery 2009, hypertension, GERD (gastroesophageal reflux disease), and bleeding hemorrhoids. According to a neurosurgical progress report, dated January 15, 2014, the injured worker presented with continued low back pain radiating to the right more than left bilateral leg. There is increased pain in the knee, more on the right and increased right shoulder pain. On examination, there is tenderness at the lumbar paraspinals and limited lower back movements. Sensation was decreased in dermatomal distributions at the lower extremities. There is tenderness at the right shoulder and right more than left, knee. Treatment plan included urine toxicology, aquatic therapy and if necessary a consultation with a gastroenterologist. At issue, is the request for authorization for ultrasound of the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 ultrasound of abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/14972390.

Decision rationale: MTUS guidelines and the ODG do not address the use of abdominal ultrasound, therefore, other guidelines were consulted. A study retrospectively compared the diagnostic accuracy of abdominal ultrasound (US), computed tomography (CT), and magnetic resonance imaging (MRI) studies performed on the same individual to determine the relative performance of these modalities in the evaluation of disease processes, arising from different intra-abdominal organ systems. We retrospectively reviewed all procedure codes accrued by our abdominal imaging section during a 1year period to determine how many patients underwent all three imaging procedures in our institution within a 2-week interval. These cases were then further evaluated to determine: (1) the primary organ system of disease involvement, (2) the final diagnosis, and (3) the imaging modality that provided the most accurate information upon which appropriate medical management was based. Imaging findings were determined by review of diagnostic reports, and medical management was determined by chart review. Two thousand six hundred-ninety five patients underwent ultrasound, 4,394 patients underwent CT, and 872 patients underwent MRI for the investigation of abdominal disease. Among these 5,126 patients, 26 underwent sequential US, CT, and MRI evaluation within a two-week interval. This initial data suggests that ultrasound provides the most accurate diagnoses in the investigation of gallbladder disease; MRI provides the most accurate diagnoses in the investigation of hepatic, adrenal, and pancreatic disease; and either CT or MRI may be the most appropriate first imaging study for the detection of renal disease. Abdominal CT is recommended as the primary diagnostic tool for abdominal pain as ultrasound may not be able to visualize many areas of the abdomen. In this case, an abdominal CT has already been authorized. There is no rationale in the available documentation to support the use of abdominal ultrasound over CT or with CT. And the request for prospective request for 1 ultrasound of abdomen is determined to not be medically necessary.